
# Epidemiologic Trends In Drug Abuse

Proceedings of the Community Epidemiology Work Group

## Volume I
## Highlights and Executive Summary

June 2011

U.S. Department of Health and Human Services
National Institutes of Health

NIDA NATIONAL INSTITUTE ON DRUG ABUSE

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**NATIONAL INSTITUTES OF HEALTH**
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
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The information presented in this Executive Summary is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the June 2011 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons.



***For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at http://www.drugabuse.gov.***

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# Contents

# Foreword

This Executive Summary provides a synthesis of findings from reports presented and data prepared for the 70th semiannual meeting of the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG) held in Seattle, Washington, on June 8–10, 2011. The CEWG is a network of researchers from sentinel sites throughout the United States. It meets semiannually to provide ongoing community-level public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences in their areas and to provide an alert to potentially emerging new issues. Local area data are supplemented, as possible, with data available from federally supported projects, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Abuse Warning Network (DAWN), Drug Enforcement Administration (DEA) National Forensic Laboratory Information System (NFLIS), the Arrestee Drug Abuse Monitoring (ADAM II) program, and the DEA Heroin Domestic Monitor Program (HDMP). This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

The CEWG convenes twice yearly, in January and June. For the June meetings, CEWG representatives prepare full reports on drug abuse patterns and trends in their areas. After the meeting, a Highlights and Executive Summary Report is produced, and the full CEWG area reports are included in a second volume.

The majority of the June 2011 meeting was devoted to the CEWG area reports and presentations. CEWG area representatives presented data on local drug abuse patterns and trends. Presentations on drug abuse patterns and issues were also provided by guest researchers from Canada and New Zealand. Other highlights of the meeting included presentations by DEA representatives Cassandra Prioleau, Ph.D., and Artisha Polk, M.P.H., on NFLIS and emerging drugs of concern and drug scheduling issues; an update from the Office of National Drug Control Policy on the ADAM II data system by M. Fe Caces, Ph.D.; and a methodology discussion on DAWN data from Albert Woodward, Ph.D., M.B.A. Presentations from the Seattle area included: “Drug Availability and Trafficking in the Northwest,” by Steve Freng, Psy.D., M.S.W., the Prevention and Treatment Manager with the Northwest High Intensity Drug Trafficking Area in Seattle; “Heroin and Pharmaceutical Opiate Use Over Time Across Washington State,” by Caleb Banta-Green, Ph.D., M.P.H., M.S.W., the CEWG area representative from Seattle; “Heroin and Pharmaceutical Opiate Use Over Time Across Washington State,” by William Luchansky, Ph.D., Vice President of Looking Glass Analytics in Olympia, Washington; “Training Physicians to Provide Opioid Abuse Treatment with Suboxone®,” by Joseph Merrill, M.D., M.P.H., Clinical Assistant Professor Medicine at the University of Washington School of Medicine; “Heroin Injecting in Seattle—Overdose and Femoral Injecting,” by Phillip Coffin, M.D., M.I.A., Senior Fellow in Infectious Diseases, Division of Allergy and Infectious Diseases at the University of Washington; “The Role of Epidemiology in Identifying Areas in Need of Drug Treatment Services (and Population Outcomes of Service Enhancement),” by Ron Jackson, M.S.W., Executive Director of Evergreen Treatment Services and Affiliate Professor in the School of Social Work at the University of Washington; and “Individuals Transitioning From Pharmaceutical Opiates to Heroin in Three West Coast Cities,” by Michelle Peavy, Ph.D., CTN Scholar, Alcohol and Drug Abuse Institute, the University of Washington.

The *Proceedings of the Community Epidemiology Work Group* for the June 2011 CEWG meeting is published in two volumes. This volume highlights findings across CEWG areas. Full local area and international reports are presented in Volume II. Readers of this report are directed to Volume II for a more detailed description of data sources and presentation of data from the CEWG areas.

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# Section I. Introduction

The 70th semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on June 8–10, 2011, in Seattle, Washington. During the meeting, researchers from 20 geographically dispersed areas in the United States reported on current trends and emerging issues in their areas. In addition to the information provided for 18 sentinel areas that have contributed to the network for many years and two additional areas (Colorado and Broward County, Florida, in the Miami Metropolitan Statistical Area [MSA]), guest researchers from Cincinnati and Maine provided data from their respective areas. International representatives from Canada and New Zealand reported on drug trends and issues in their respective countries.

## The CEWG Network

The CEWG is a unique epidemiology network that has functioned since 1976 to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and drug abusers (such as those who have been treated in hospital emergency departments, admitted to substance abuse treatment programs, or died with drugs found in their bodies). Data on items submitted for forensic chemical analysis serve as indicators of availability of different substances and engagement of law enforcement at the local level, and data such as drug price and purity are indicators of availability, accessibility, and potency of specific drugs.

Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas. The CEWG areas on which presentations were made at the June 2011 meeting are depicted in the map below, with one presentation including data on the Baltimore/Maryland/Washington, DC, area.

## CEWG Meetings

The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the workgroup. CEWG representatives and guest researchers present information on drug abuse patterns and trends in their areas, and personnel from Federal agencies provide updates of data sets used by the CEWG. In addition, time is set aside for question-and-answer periods and discussion sessions. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Through the meetings, the CEWG accomplishes the following:

- Dissemination of the most up-to-date information on drug abuse patterns and trends in each CEWG area
- Identification of changing drug abuse patterns and trends within and across CEWG areas

At the semiannual meetings, CEWG representatives address issues identified in prior meetings and, subsequently, identify drug abuse issues for followup in the future.

In addition to CEWG area presentations, time at each meeting is devoted to presentations by invited speakers. These sessions typically focus on the following:

- Presentations by researchers in the CEWG host city
- Updates by Federal personnel on key data sets used by CEWG representatives
- Drug abuse patterns and trends in other countries

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings and post-meeting communications.

## Data Sources

To assess drug abuse patterns and trends, city- and State-specific data were compiled from a variety of health and other drug abuse indicator sources. Such sources include public health agencies; medical and treatment facilities; ethnographic research; key informant discussions; criminal justice, correctional, and other law enforcement agencies; surveys; and other sources unique to local areas.

Availability of data varies by area, so reporting varies by area. Examples of types of data reviewed by CEWG representatives to derive drug indicators include the following:

- Admissions to drug abuse treatment programs by primary substance of abuse or primary reason for treatment admission reported by clients at admission

- Drug-involved emergency department (ED) reports of drugs mentioned in ED records in the Drug Abuse Warning Network (DAWN)
- Seizure, average price, average purity, and related data obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies
- Drug-related deaths reported by medical examiner (ME) or local coroner offices or State public health agencies
- Arrestee urinalysis results and other toxicology data
- Surveys of drug use
- Poison control center data[1]

Sources of data used by several or most of the CEWG area representatives and presented in this Highlights and Executive Summary Report are summarized below, along with some caveats related to their use and interpretation. The terminology that a particular data source uses to characterize a drug, for example, cannabis versus marijuana, is replicated here.

**Treatment data** were derived from CEWG area reports. For this report, they represent data for 17 CEWG metropolitan areas and 5 States: Colorado, Hawaii, Maine, Maryland, and Texas. Recent or complete treatment admissions data were not available for Chicago and Washington, DC. Data for some States are included with metropolitan data for comparison, including data for Colorado with Denver, Hawaii with Honolulu, and Maryland with Baltimore City. South Florida/Broward County data are included with South Florida/Miami-Dade County data for comparison. The latter two counties, with Palm Beach County, are part of the Miami MSA. The reporting period is cited as calendar year (CY) 2010 for all of the CEWG areas. Appendix table 1 shows overall treatment admissions data by drug and CEWG area for the current reporting period. Table 2 in section II and several tables in section III (tables 3–13, 15, and 17–23) also display cross-area treatment admissions data, as do several figures in section II (figures 7, 8, 10–12, and 14).

**DAWN ED[2] Weighted Estimates** for 12 CEWG areas for 2004 through 2009 were accessed on the DAWN Web site (*https://dawninfo.samhsa.gov/default.asp*) maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). The data represent drug reports for drug-involved visits for illicit drugs (derived from the category of "major substances of abuse," excluding alcohol) and the nonmedical use of selected pharmaceutical drugs. Nonmedical use of pharmaceuticals is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended;

[1]Poison control center data are reported here as they are reported by area representatives in their full area reports and slide presentations. The fact that the terminology used by area representatives is repeated here does not necessarily mean that particular synthetic cannabinoids or cathinones are chemically verified.
[2]DAWN uses a national sample of non-Federal, short-stay, general surgical, and medical hospitals in the United States that operate 24-hour EDs. The American Hospital Association (AHA) 2001 Annual Survey is the source of the sample. ED medical records are reviewed retrospectively for recent drug use. Visits related to most types of drug use or abuse cases are identified and documented. Drug cases encompass three visit categories: those related to illegal or illicit drugs; nonmedical use of prescription, over-the-counter, or other pharmaceutical drugs; and alcohol among patients under the legal drinking age of 21 and patients of all ages when used in combination with other drugs.

taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs, especially illegal drugs or alcohol. Since drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol), summing of drugs across categories is not recommended. A description of the DAWN system can be found at *https://dawninfo.samhsa.gov/default.asp*. CEWG full area reports in Volume II that include DAWN data are Chicago, Denver, Miami-Dade County[3], New York City, and San Francisco.

**Forensic laboratory data on drug seizures** for a total of 23 CEWG sites were available for CY 2010. Data for all CEWG metropolitan areas in 2010 were provided by the National Forensic Laboratory Information System (NFLIS), maintained by the DEA. NFLIS is a program in the DEA Office of Diversion Control that systematically and continuously collects results from drug analyses of items received from drug seizures by law enforcement authorities. Drug analyses are conducted by Federal (DEA) forensic laboratories and participating State and local forensic laboratories. As of December 2010, in addition to the DEA laboratories, the NFLIS system included 48 State systems, 94 local or municipal laboratories/laboratory systems, and 1 territorial laboratory, representing a total of 283 individual laboratories. These laboratories handled more than 92 percent of the Nation's estimated 1.1 million annual State and local drug analysis distinct cases. Data are entered daily based on seizure date and the county in which the seizure occurred. NFLIS provides detailed information on the prevalence and types of controlled substances secured in law enforcement operations and assists in identifying emerging drug problems and changes in drug availability and in monitoring illicit drug use and trafficking, including the diversion of legally manufactured drugs into illegal markets. A list of participating and reporting State and local forensic laboratories is included in Appendix B of the U.S. Drug Enforcement Administration, Office of Diversion Control report, *National Forensic Laboratory Information System: Year 2009 Annual Report* (Washington, DC: U.S. Drug Enforcement Administration)[4]. In most cases, data are for MSAs, rather than single metropolitan counties, but the exact geographic areas covered in this report are defined in appendix table 2. A map displaying NFLIS data for 2010 for 23 CEWG areas is included as figure 5 in section II, while table 1 in section II and a number of other figures and tables in section III (figures 19–25 and tables 1, 14, 16, 24, and 25), along with appendix tables 2.1–2.23, are provided to display the data on forensic laboratory drug items identified for the period across areas. Full area reports in Volume II of this report also include NFLIS data for CEWG areas.

**Average price and purity data** for heroin for 21 CEWG metropolitan areas in CY 2009 (the most recent period available) came from the DEA report, *2009 Heroin Domestic Monitor Program (HDMP) Drug Intelligence Report,* published November 2010 (DEA-NCW-RPT-013-10). This report is prepared by the Domestic Strategic Intelligence Unit of the Special Strategic Intelligence Section and reflects analysis of program data through December 31, 2009. Drug price and purity data from this report or from local DEA Field Divisions are included in full area reports in Volume II for the

[3]Weighted DAWN data for Miami MSA/Broward County are available for 2008 and 2009 only, resulting in the lack of ability to compare across the span of 6 years as for the other 12 areas. Nevertheless, weighted DAWN data for the Broward County (Ft. Lauderdale) area were reported as appropriate at the June 2011 CEWG meeting by the Miami/South Florida area representative.

[4]This can be found at *http://www.deadiversion.usdoj.gov/nflis/2009annual_rpt.pdf*.

following CEWG sites/areas: Atlanta, Boston, Chicago, Cincinnati, Detroit, New York City, Philadelphia, Phoenix, St. Louis, Seattle, and Texas.

Drug prices and trafficking trends also came from the National Drug Intelligence Center (NDIC)'s report, *National Illicit Drug Prices—Mid Year 2009*. Data from this report are included in the full area reports in Volume II for Baltimore/Maryland/Washington, DC; Chicago; Denver; Detroit; Los Angeles; New York City; Philadelphia; and St. Louis.

**ADAM II (Arrestee Drug Abuse Monitoring) program data** were presented for five areas in full reports included in Volume II: Fulton County (Atlanta); Cook County (Chicago); Hennepin County (Minneapolis/St. Paul); Borough of Manhattan (New York City); and Washington, DC (Baltimore/Maryland/Washington, DC, area). ADAM II is a data collection program sponsored by the Office of National Drug Control Policy (ONDCP) that is designed to gather information on drug use and related issues from adult male booked arrestees in 10 counties across the country. ADAM II data come from two sources: a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of nine different drugs. Participation in both the interview and the urine test is voluntary and confidential. In 2010, across all 10 sites, data were collected with 4,749 interviews with booked arrestees. Of these interview respondents, 4,182 provided a urine specimen. Data were collected over two quarters in 2010 and then statistically annualized to represent the entire year. The ADAM II 2010 annual report is available at *http://www.whitehousedrugpolicy.gov/publications/pdf/adam2010.pdf*.

**DEA ARCOS (Automation of Reports and Consolidated Orders System) data** were presented by the CEWG area representatives in the CEWG full area reports from Baltimore/Maryland/Washington, DC, and Seattle contained in Volume II. ARCOS is an automated, comprehensive drug reporting system that monitors the flow of DEA-controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level. The following controlled substance transactions are tracked by ARCOS: all Schedule I and II materials (manufacturers and distributors); Schedule III narcotic and GHB (gamma hydroxybutyrate) materials (manufacturers and distributors); and selected Schedule III and IV psychotropic drugs (manufacturers only).

**Local drug-related mortality data** from medical examiners/coroners (ME/Cs) or State public health agencies were reported for 17 CEWG areas: Atlanta; Baltimore/Maryland/ Washington, DC; Chicago; Cincinnati; Denver; Detroit; Honolulu; Los Angeles; Maine; Miami/South Florida; Minneapolis/St. Paul; Philadelphia; St. Louis; San Diego; San Francisco; Seattle; and Texas. These are described in Volume II; figure 13 in section II illustrates the use of death data in Florida.

**Other data** cited in this report were local data accessed and analyzed by CEWG representatives. The sources included the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Surveillance System (YRBSS) and Youth Risk Behavior Survey (YRBS) data; local law enforcement (e.g., data on drug arrests or law enforcement seizures); local DEA offices (DEA field reports); High Intensity Drug Trafficking Area (HIDTA) reports; arrestee drug information from local and State corrections departments and facilities; poison control centers (figures 9 and 16–18 in section II) and help lines; prescription drug monitoring systems; hospital admissions and discharge data (figure 6 in section II); local and State surveys; interviews with key informants and ethnographers; human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) data

from local and State health departments; and data from other administrative records systems (see figure 15 using medical marijuana identification card data from California).

## A Note to the Reader—Caveats

**Terminology and Geographic Coverage—**CEWG representatives use existing data, which are subject to the definitions and geographic coverage of the source data. Representatives generally use the terminology as it is used in the data source. For example, many treatment systems use the phrases "other opiates" for classifying opiates[5] or "opioids[6] other than heroin" to categorize a primary problem at admission. The term "other opiates" is therefore retained in this summary report, and the terms, "other opiates" and "opioids" may be used in a single area report. Similarly, the term, "prescription-type opioid," is used by some representatives to distinguish synthetic or semi-synthetic opioids, such as oxycodone and hydrocodone, from heroin. The geographic coverage of data sources may vary within a CEWG area report. Readers are directed to the Volume II full CEWG area reports for a more complete description of data sources used in specific areas. In this summary report, in most cases, the general name of the CEWG area will be used for data sources. For the treatment admissions and NFLIS data, the specific geographic coverage will be noted in footnotes. For example, appendix table 1 presents the treatment admissions data for each area, and footnotes specify the geographical coverage; appendix table 2 presents local area NFLIS data with notes on spatial composition.

Local comparisons are limited, or must be made with caution, for the following indicators:

**Treatment Admissions—**Many variables affect treatment admission numbers, including program emphasis, capacity, data collection methods, and reporting periods. Therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data on primary abuse of specific drugs in this report represent percentages of total substance abuse treatment admissions. Data on demographic characteristics (gender, race/ethnicity, and age group) and route of administration of particular drugs were provided for most CEWG areas and reported in full area reports. The numbers of admissions for alcohol and other drugs in 2010 are presented for 22 reporting CEWG sites/areas in appendix table 1, with rankings documented in section II, table 2. Treatment data are not totally comparable across CEWG areas, and differences are noted insofar as possible. Treatment numbers are subject to change. Most of the CEWG area representatives report Treatment Episode Data Set (TEDS)[7] data accessed from local treatment programs or States, and these data are included in cross-area comparison tables in this report (section II, table 2; section III, tables 3–13, 15, and 17–23; and appendix table 1). CEWG areas were not included in treatment data tables where primary substance (benzodiazepine or methamphetamine) admissions were less than 1 percent of total substance abuse treatment admissions in 2010. Data for several areas were omitted from trend tables (tables 6, 10, 13, 20, and 23) due to lack of availability for 3 or more

[5]Opiate is defined as "any preparation or derivative of opium" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

[6]Opioid is defined as "originally a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

[7]TEDS is an administrative data system providing descriptive information about the national flow of admissions to specialty providers of substance abuse treatment, conducted by Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA.

years in the reporting period or for noncomparability of 2010 treatment admissions data with past years' data. Due to changes in the reporting system in Maryland in 2010, treatment admissions data presented in this report should not be compared with data in previous CEWG reports. There, enrollments not admissions were reported, with enrollment numbers including numbers for both "admissions" at the initial entry into treatment and "enrollments" when a client changes a level of care. Maryland treatment enrollment data for 2010 also included data for State-funded treatment programs only in contrast to past years. In Texas, the Department of State Health Services (DSHS) changed the reporting requirements for treatment admissions. Some programs that had previously reported were excluded, and only clients whose treatment was funded by DSHS were reported in 2010. In addition, the Detroit and San Francisco area representatives provided calendar year data for 2010 in Volume I tables contained in this report for cross-area comparability. These representatives, however, reported treatment data for Detroit and the city of San Francisco by fiscal year (FY) in the full area reports for those areas contained in Volume II of this June 2011 report.

**ED Drug Reports—**For this meeting report, weighted estimate data were accessed at the DAWN Web site (*https://dawninfo.samhsa.gov/default.asp*). These data were used in full area reports by CEWG area representatives for 5 of the 12 metropolitan areas for whom such data were available for 2004–2009 in the DAWN system: Chicago, Denver, Miami-Dade County, New York City, and San Francisco. Weighted DAWN data for Miami MSA/Ft. Lauderdale were only available for 2008 and 2009 as of the June 2011 meeting. Some area representatives reported weighted DAWN data in their January 2011 Update Briefs and did not include those data in their full area reports for June 2011. When comparisons are made across time periods with a CEWG area, this caveat is needed: statements about drug-involved ED weighted rates in CEWG areas being higher or lower in 1 year than another year are only made when their respective *t*-test *p*-values are significant at the .05 level or below. Otherwise, no difference is reported[8].

**Seized Drug Items Identified by Forensic Laboratories—**NFLIS includes drug chemistry results from completed analyses only; drug evidence secured by law enforcement but not analyzed in laboratories is not included in the NFLIS database. State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis. Laboratory policies and procedures for handling drug evidence vary and range from analysis of all evidence submitted to the laboratory to analysis of selected items only. Many laboratories did not analyze the evidence when a case was dismissed or if no defendant could be identified (see

[8]Estimates of ED visits associated with misuse and abuse of drugs are derived by applying sampling weights to data from a stratified probability sample of hospitals. The estimates obtained are of drug-involved visits. A single ED visit may involve multiple drugs, which are counted separately. When ED visits involve multiple drugs, such visits appear multiple times in a table. Therefore, summing ED visits as reported in these tables will produce incorrect and inflated counts of ED visits. Combining estimates for categories of drugs is subject to a similar limitation. Multiple drugs may be involved in a single visit, so categories are not mutually exclusive and will not sum to 100 percent when percentages are calculated. Because multiple substances may be recorded for each DAWN case, caution is necessary in interpreting the relationship between a particular drug and the number of associated visits. It is important to note that a drug-involved ED visit is any ED visit related to recent drug use. This is the new definition of a DAWN case as of 01/01/03. One or more drugs have to be implicated only in the visit; they do not necessarily have to have precipitated or caused the visit. These are visits, not patients, such that they are duplicated numbers to an unknown extent rather than being unique numbers. See: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *Drug Abuse Warning Network, 2007: National Estimates of Drug-Related Emergency Department Visits.* Rockville, MD, 2010. Available at: *http://dawninfo.samhsa.gov/pubs/*.

NFLIS 2009 Report cited earlier). Differences in local/State laboratory procedures and law enforcement practices across areas make area comparisons inexact. Also, the data cannot be used for prevalence estimates, because they are not adjusted for population size. They are reported as the percentage that each drug represents of the total number of drug items seized and identified by forensic laboratories in a CEWG area, and cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because the method of case assignment for the data provided by DEA to the CEWG has changed recently to assignment based on the geographic location from which items were submitted for identification, rather than the location of the laboratory that performed the item identification, NFLIS data for 2007 to 2010 cannot be compared with pre-2007 data presented in prior CEWG reports. The nature of the NFLIS reporting system is such that there may be a time lag between the time of seizure, the time of analysis of drug items, and the time of reporting to the NFLIS system. Therefore, differences in the number of drug items for a specified time period may occur when NFLIS is queried at different times, since data input is daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies. Numbers of drug items presented in these reports are subject to change and may differ when drawn on different dates. Not all forensic laboratories report on substances that are not controlled, rendering some comparisons of such drugs inaccurate.

**Deaths—**Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-induced,” “drug-caused,” and “drug-involved.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions. Cross-area tabulations of mortality drug abuse indicators are not included in this report.

**Arrest and Seizure Data—**The numbers of arrests and quantities of drugs seized may reflect enforcement policy and resources, rather than level of abuse.

## Local Area Comparisons

The following methods and considerations pertain to local area comparisons:

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a city, a single metropolitan county, an MSA, or some subset of counties in an MSA. In some instances, data were compiled by region defined by the U.S. Census as northeastern, southern, midwestern, and western regions. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.

- In section III of this report, percentages for treatment program admissions are calculated and presented with primary alcohol admissions included in the total on which percentages are based. All cross-area comparisons use this measure, although in past CEWG reporting, percentages of specific drug-related primary admissions were calculated using totals both including and excluding alcohol admissions in denominators. All treatment data in the cross-area comparison section of this report cover January through December 2010, which is characterized as the current reporting period.

- Some indicator data are unavailable for certain cities. Therefore, the symbol, "NR," in tables refers to data not reported by the CEWG area representative.

- The population racial/ethnic composition differs across CEWG areas. Readers are directed to the individual CEWG full area reports in Volume II of this report for information regarding treatment patterns and trends pertaining to race/ethnicity, age, and gender.

# Section II. Highlights and Summary of Key Findings and Emerging Drug Issues From the June 2011 CEWG Meeting

The cornerstone of the CEWG meeting is the CEWG area report. Area representatives provide 20-minute presentations summarizing the most recent data pertaining to illicit and abused drugs and noting changes since the prior meeting. These data are viewed as indicators of the drug problem in an area. Indicators reflect different aspects of the drug abuse situation in an area, such as prevalence of abuse of drugs (e.g., survey findings), consequences of drug abuse (e.g., drug-involved ED reports, substance abuse treatment admissions, and drug-related deaths), and availability of abused substances or law enforcement engagement (e.g., drug seizures). Qualitative information from ethnographic studies or local key informants is also used to describe drug use patterns and trends, and it may be particularly informative in the early identification of new issues or substances being misused or abused.

In presenting area reports, CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization of the indicators for their areas, as possible, given available data; that is, to assess whether indicators appear to be stable, increasing, decreasing, or are mixed so that no consistent pattern is discernible. CEWG representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in an area. Some indicators are sensitive to recent changes in local policy or law enforcement focus; therefore, representatives use their knowledge of the local context in describing and interpreting data available for their area. The key findings of this CEWG meeting are presented in regional maps in figures 1a though 4 and in section II of this report.

For the June 2011 CEWG meeting, CEWG representatives were invited to provide an overview and update on drug abuse trends in their areas for the most recent calendar year (2010). Key findings and issues identified at the CEWG meeting are highlighted in section II, with more detail provided in Volume II of this report, where abstracts and full area reports reflecting the CEWG area presentations are included. Area reports document and summarize drug abuse trends and issues in specific CEWG areas, with an emphasis on information newly available since the January 2011 and June 2010 meeting reports. The availability of data varies by area. Readers are directed to the Data Sources section of the Volume II reports to determine which data sources were reviewed for particular areas.

Subsequent to the CEWG meeting, data available across a majority of CEWG areas, such as substance abuse treatment admissions and information from NFLIS, are reviewed. These data are summarized in section II and are presented in tabular and graphical formats in section III of this report and in appendix tables 1 and 2.1–2.23. Highlights from these cross-area tabulations are also included in this report's section II.

Findings in this report are summarized by type of substance, but it is important to note that polysubstance abuse continues to be a pervasive pattern across all CEWG areas.

## Highlights: June 2011 CEWG Meeting

This box summarizes the key findings of the June 2011 CEWG meeting. Figures 1a through 4 present highlights for CEWG areas grouped by region based on reporting by CEWG area representatives. Supplementing these maps are detailed substance abuse treatment admissions and NFLIS data contained in tables 1 and 2 and figure 5. NFLIS top 10 rankings are shown in table 1, while figure 5 is a map displaying proportions of cocaine, heroin, methamphetamine, and marijuana/cannabis drug items seized and identified in 2010 across all CEWG areas. Table 2 shows the top-ranked primary drugs in treatment admissions across the CEWG areas, as a percentage of total substance abuse treatment admissions, including primary alcohol admissions.

### Cocaine:

- Representatives from 17 CEWG areas (Atlanta; Baltimore/Maryland/Washington, DC; Boston; Chicago; Cincinnati; Denver/Colorado; Detroit; Los Angeles; South Florida/Miami-Dade and Broward Counties; Minneapolis/St. Paul; New York City; Philadelphia; Phoenix; St. Louis; San Francisco; Seattle; and Texas) reported high but decreasing cocaine indicators. In two areas, Honolulu/Hawaii and San Diego, the area representatives reported relatively low levels of cocaine indicators (figures 1a though 4).

- Cocaine did not rank in either first or second place in percentage of total treatment admissions in any of the 22 CEWG areas reporting treatment admissions. It ranked third in seven areas (table 2).

- Despite the decline in indicators, cocaine was the drug most frequently seized and identified by NFLIS forensic laboratories in 7 of 23 reporting CEWG areas—Atlanta, Colorado, Denver, Maine, Miami, New York City, and Seattle. It ranked second in most frequently identified drug items in 10 areas, and third in the remaining 6 areas (table 1).

### Heroin:

- Heroin indicators were reported as high by most CEWG area representatives in 2010, with the exception of five area representatives—from Denver, Honolulu/Hawaii, Atlanta, South Florida/Miami-Dade and Broward Counties, and Maine—who reported relatively low indicators for their areas. Upward heroin trends were reported by area representatives for Cincinnati, San Diego, and Seattle. Decreasing indicators were reported by area representatives for San Francisco and the Baltimore/Maryland/Washington, DC, area. The remaining representatives reported stable or mixed indicators (figures 1a though 4).

- Among all substance abuse treatment admissions, including those for whom alcohol was the primary drug in 2010, heroin ranked first in 3 of the 22 CEWG reporting areas (Baltimore City, Boston, and Detroit), second in 4 areas (Maryland, Phoenix, St. Louis, and San Diego), and third in 4 areas (Cincinnati, Los Angeles, New York City, and Seattle) (table 2).

- In more than one-half (13) of the 23 CEWG areas, heroin items accounted for less than 10 percent of total drug items seized and identified in NFLIS forensic laboratories in 2010. Proportions were highest in Baltimore City, and lowest in Honolulu (figure 5). Heroin was not ranked first in drug items seized in any CEWG area, although it appeared in second rank in St. Louis in 2010 (table 1).

### Opiates/Opioids Other Than Heroin:

- Area representatives in all of the CEWG areas reported increasing, stable, or mixed indicators for other opiates/opioids (including narcotic analgesics). No area representative reported decreasing indicators (figures 1a though 4).

- Hydrocodone and oxycodone continued as the prescription opioids appearing most frequently in indicator data, but concerns about methadone were reported in some CEWG areas.

- Buprenorphine indicators increasing in Boston, Cincinnati, Detroit, Maine, New York City, Seattle, Texas, and Baltimore/Maryland/Washington, DC, as reported by area representatives.

- None of the 20 reporting CEWG areas ranked other opiates/opioids as being first as primary substances of abuse in proportions of total substance abuse treatment admissions, other opiates/opioids ranked second in Maine, third in South Florida/Broward County and Minneapolis/St. Paul, and fourth in Atlanta, Boston, and South Florida/Miami-Dade County (table 2).

- Of total drug items seized and identified in NFLIS forensic laboratories in 23 CEWG areas, oxycodone and hydrocodone often appeared in the top 10 ranked drug items in terms of frequency in 2010 (table 1).

### Benzodiazepines:

- Among the 11 of 20 CEWG area representatives reporting indicator data for benzodiazepines at the June 2011 meeting, indicators for these areas continued to be stable, mixed, or increasing in 2010. Alprazolam was the benzodiazepine occurring most frequently in indicator data, as in the recent past.

### Methamphetamine:

- Methamphetamine indicators continued in 2010 to be higher in the West (where indicators were stable, mixed, or increasing) than in other regions of the country. All three CEWG areas in the South reported low and either stable or mixed methamphetamine indicators. Methamphetamine indicators were moderate to low and mostly mixed or stable in the Midwest, and they remained low or very low relative to other drugs in all four CEWG areas in the Northeast (figures 1a though 4).

- Methamphetamine ranked first in treatment admissions as a percentage of total admissions in Hawaii and San Diego; second in San Francisco; third in Colorado, Denver, and Phoenix; and fourth in Los Angeles (table 2).

- In 2010, methamphetamine ranked first among all drugs in proportions of NFLIS drug items seized and identified in forensic laboratories in Honolulu and San Francisco; second in Atlanta, Minneapolis/St. Paul, Phoenix, San Diego, and Seattle; and third in Colorado, Denver, Los Angeles, and Texas (table 1).

### Marijuana/Cannabis:

- Area representatives from all CEWG areas continued to report high levels for marijuana/cannabis indicators in 2010. Marijuana/cannabis indicators were increasing, stable, or mixed in all areas; no area representative reported declining indicators (figures 1a though 4).

- Marijuana/cannabis ranked first as the primary drug in total substance abuse treatment admissions, including alcohol admissions, in 4 of 22 CEWG areas—Los Angeles, Philadelphia, and South Florida/Miami-Dade and Broward Counties. Marijuana/cannabis ranked second among primary drugs of admission in eight additional areas: Atlanta, Cincinnati, Colorado, Denver, Minneapolis/St. Paul, New York City, Seattle, and Texas (table 2).

- Marijuana/cannabis ranked in either first or second place in frequency in the proportion of NFLIS drug items seized and identified in forensic laboratories in 2010 in 22 of the 23 CEWG areas (table 1).

### MDMA, PCP, BZP, and TFMPP:

- As in previous recent reporting periods, **MDMA** (3,4-methylenedioxymethamphetamine) indicators were low in 2010 across all CEWG regions, compared with most other drug indicators. Upward trends for MDMA indicators were cited by area representatives from Cincinnati, Denver/Colorado, Los Angeles, New York City, Phoenix, and San Diego, and mixed indicators (some up, some stable, and some down) were reported by area representatives for Chicago, Maine, and Texas. Indicators were generally stable in San Francisco, Seattle, and South Florida/Miami-Dade and Broward Counties, and they were declining in Atlanta; the Baltimore/Maryland/Washington, DC, area; and Minneapolis/St. Paul (figures 1a though 4).

- While **PCP** (phencyclidine) indicators were low relative to other drugs in most CEWG areas in 2010, PCP remained a drug of concern in some CEWG areas, particularly in the northeastern region.

- **BZP** (1-benzylpiperazine), which was permanently controlled in 2004 as a Schedule I substance under the Controlled Substances Act, continued to be reported in CEWG areas across all CEWG regions (Atlanta, Chicago, Cincinnati, Denver, Detroit, New York, City, Maine, Miami, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, Seattle, Texas, and Washington, DC).

- BZP is often taken in combination with **TFMPP** (1-(3-trifluoromethylphenyl)piperazine), which was also reported in indicators in several CEWG areas in 2010.

### Other Synthetic and "Designer" Substances:

- Increasing numbers of calls to poison control centers reporting exposures to **synthetic cannabinoids** were reported by area representatives for Cincinnati, Denver, Minneapolis/St. Paul, South Florida/Miami-Dade and Broward Counties, and Texas.

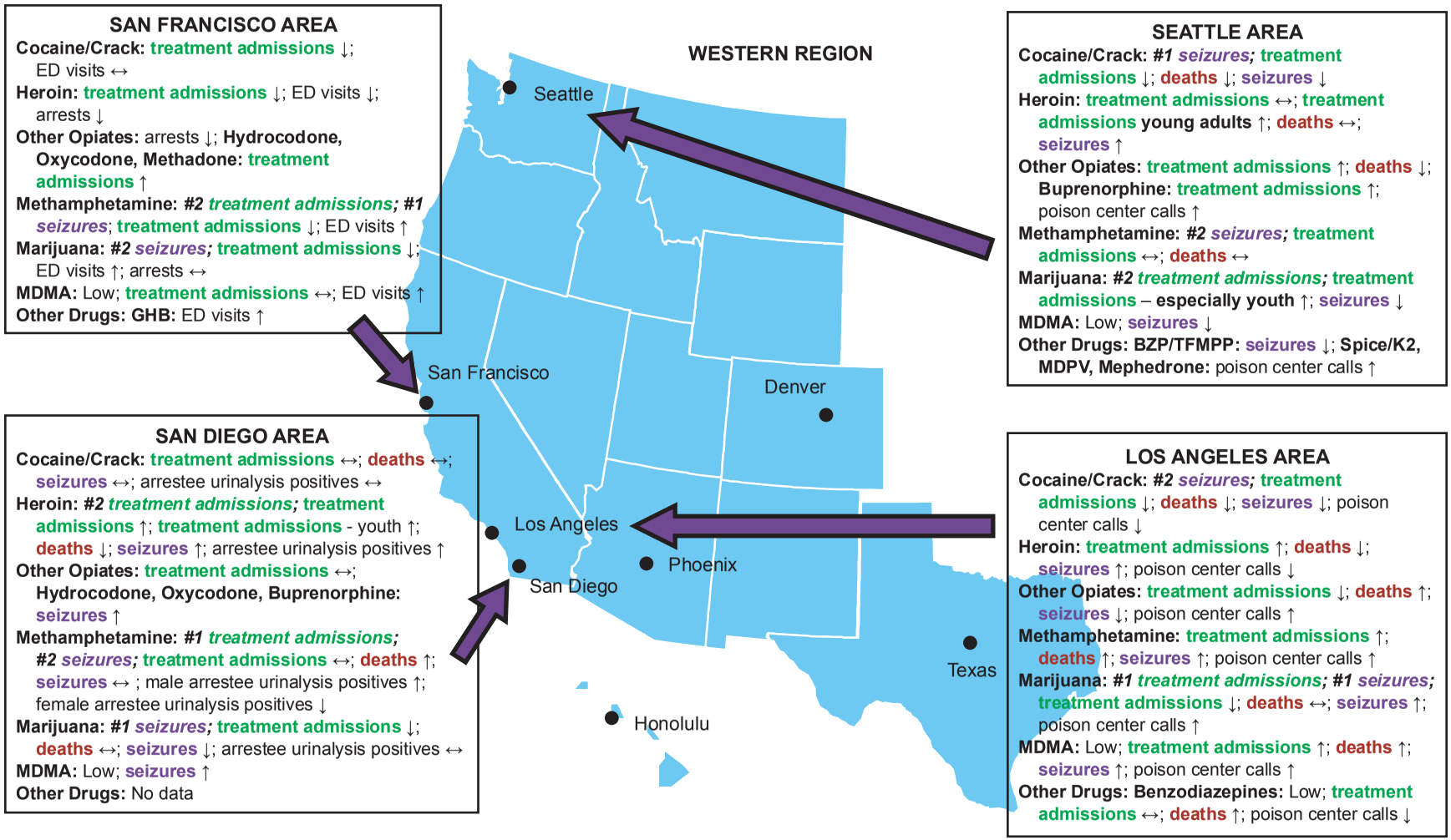
- Increased indicators for **synthetic cathinones (mephedrone and MDPV [3, 4-methylenedioxypyrovalerone])** and associated products, sold as **"bath salts"** in the designer drug market, were reported by area representatives for Cincinnati, Denver, Detroit, Maine, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, Seattle, South Florida/Miami-Dade and Broward Counties, and Texas.

- An emerging problem with **2C-E** was reported by the Minneapolis/St. Paul area representative, who noted a rising number of adverse health events and poison center calls in Minnesota.

### Youth Trends, Heroin and Other Opiates:

- Area representatives from Denver, Phoenix, St. Louis, San Diego, Seattle, and Texas reported that heroin users appeared to be younger in current indicator data, particularly in proportions of treatment and hospital admissions. Increased proportions of younger clients among primary prescription opioids and opiates treatment admissions were reported in Denver, Seattle, and South Florida/Miami-Dade and Broward Counties.

**Figure 1a. Regional Highlights: West CEWG Area Reports for Seattle, San Francisco, Los Angeles, and San Diego: June 2011**

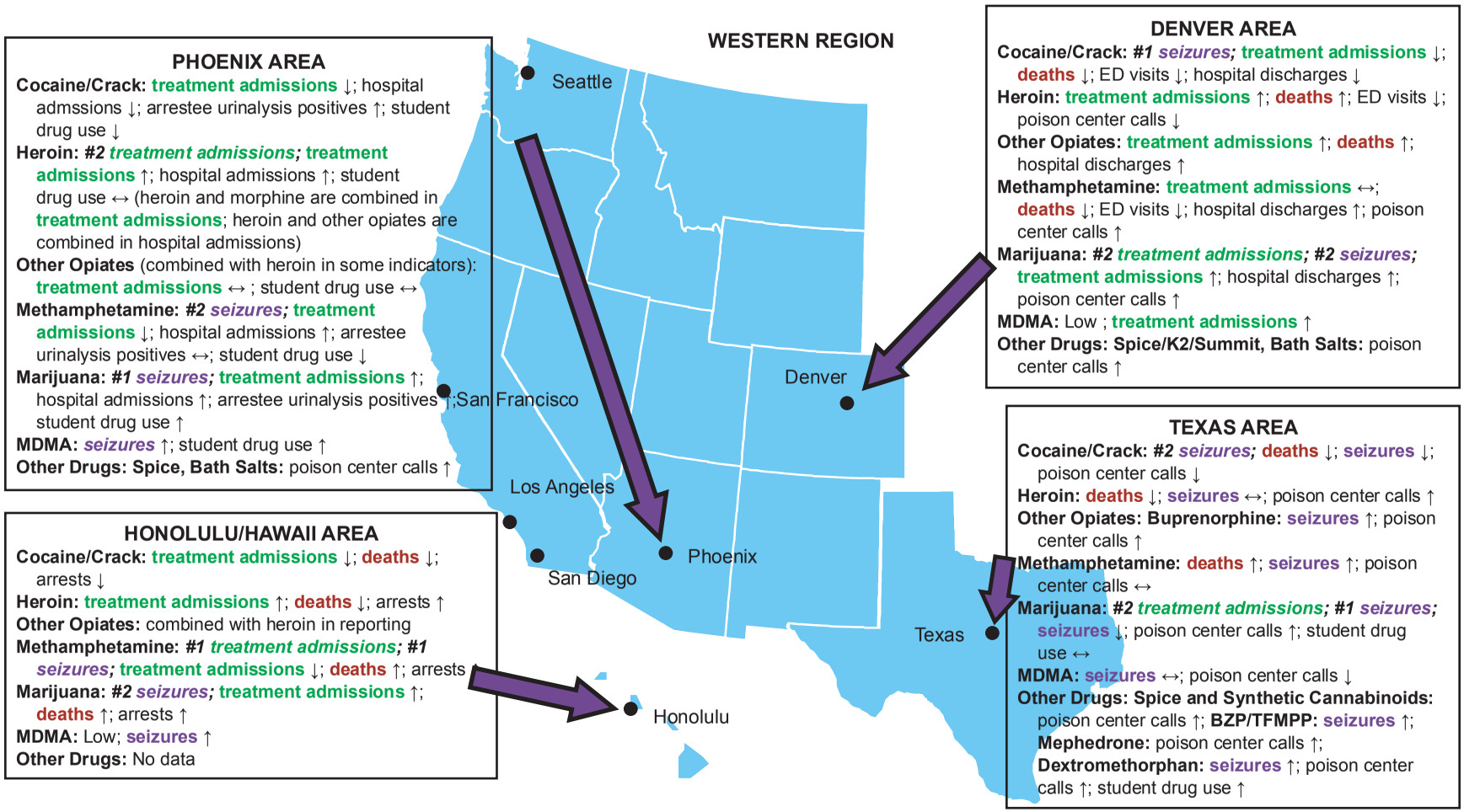



**SYMBOLS USED: ↑ = Increasing or Up; ↓ = Decreasing or Down; ↔ = Stable**

NOTES: Most comparisons are between 2009 and 2010. Data sources include the following: **Treatment admissions data** for Los Angeles, San Diego, and San Francisco came from the California Outcomes Measurement System (CalOMS); treatment admissions data for Seattle were provided by the State Health Department. **Death data** for Los Angeles, San Diego, and Seattle came from city and county Medical Examiner's or coroner's offices. Data for San Diego and Seattle were for drug overdose deaths, while Los Angeles data denoted drugs detected in coroner toxicology screens. **Seizure data** for Los Angeles, San Diego, and Seattle came from the DEA NFLIS system. **Emergency department (ED) visit data** for San Francisco were weighted estimates from 2009 SAMHSA DAWN data. **Arrestee urinalysis positive data** for San Diego came from the San Diego Association of Governments' Substance Abuse Monitoring Program. **Poison center call data** for Los Angeles were provided by the California Poison Control System; data for the Seattle/King County area were provided by the Washington State Poison Center. Primary drug data for **adult and adolescent felony and misdemeanor arrests** in San Francisco were obtained from the California Department of Justice Statistics. See section I for discussion of data sources.

SOURCE: June 2011 CEWG meeting materials

**Figure 1b. Regional Highlights: West CEWG Area Reports for Denver, Phoenix, Texas, and Honolulu/Hawaii: June 2011**

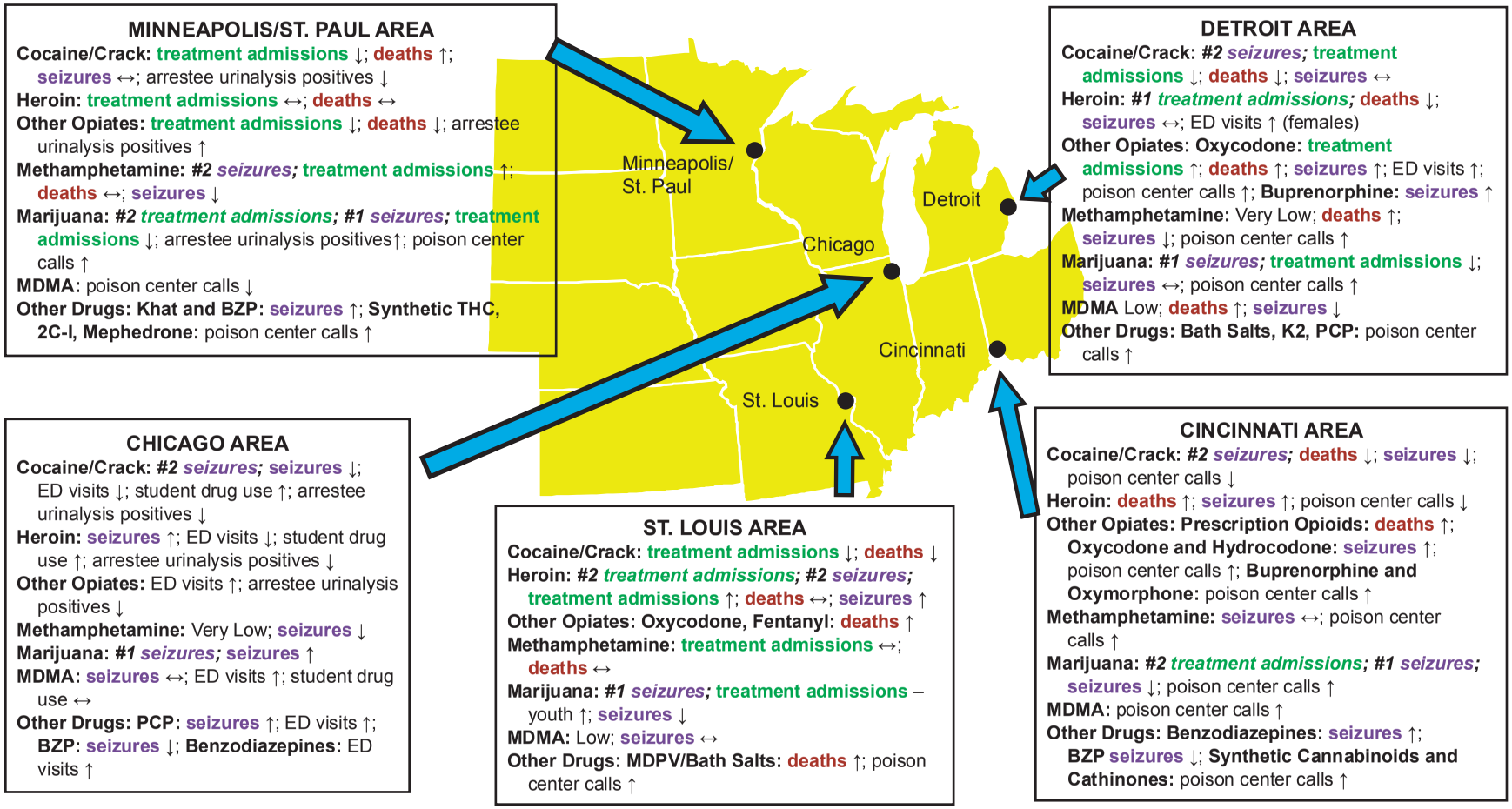



**SYMBOLS USED: ↑ = Increasing or Up; ↓ = Decreasing or Down; ↔ = Stable**

NOTES: Most comparisons are between 2009 and 2010. Data sources include the following: **Treatment admissions data** for Denver, Hawaii, Phoenix, and Texas were provided by State Health Departments in those areas. Treatment data for Texas are not included here, as a change in reporting requirements rendered them noncomparable to previous years (rankings for 2010 treatment admissions are reported, however). **Death data** for Denver and Hawaii came from city and county Medical Examiner's or coroner's offices. Deaths reported in Denver and Honolulu represented drug-related deaths. Texas death data were provided by the Department of State Health Services and were drug-involved deaths. **Seizure data** for Denver, Hawaii, Phoenix, and Texas came from the DEA NFLIS system. **Emergency department (ED) visit data** for Denver were weighted estimates from 2009 SAMHSA DAWN data. Denver **hospital discharge data** came from the Colorado Hospital Association; **hospital admissions data** for Phoenix came from analyses by the University of Arizona using hospital discharge data from the Arizona Department of Health Services. Heroin and other opioids are combined in Phoenix hospital admissions data. **Student drug use data** for Phoenix came from the Arizona Criminal Justice Commission Web site. Student drug use data for Texas came from the YRBS. **Arrestee urinalysis positive data** for Phoenix was provided by the Arizona Arrestee Reporting Information Network. **Poison center calls data** were provided by the Texas Poison Control Network for that State. Denver data were from the Rocky Mountain Poison and Control Center. Phoenix data came from the Phoenix Poison Center. **Arrest data** for Honolulu came from the Honolulu Police Department. See section I for a description of data sources.

SOURCE: June 2011 CEWG meeting materials

**Figure 2. Regional Highlights: Midwest CEWG Area Reports: June 2011**




**SYMBOLS USED: ↑ = Increasing or Up; ↓ = Decreasing or Down; ↔ = Stable**

NOTES: Most comparisons are between 2009 and 2010. Data sources include the following: **Treatment admissions data** for the Minneapolis/St. Paul and Detroit areas came from State Health and Human Services Departments, and for St. Louis from TEDS. CY 2010 Cincinnati treatment admissions data were omitted because they may not be comparable with previous years, which were FY data, while Chicago provided no 2010 treatment data. **Death data** for Minneapolis/St. Paul, St. Louis, Detroit, and Cincinnati came from city and county Medical Examiners' offices. Minneapolis/St. Paul data included drug-caused deaths as well as deaths in which recent drug use contributed to the death; St. Louis data included deaths in which drugs were present; Detroit data included deaths with a positive drug toxicology; and Cincinnati data included deaths in which a drug was detected as present. **Seizure data** came from the DEA NFLIS system; Cincinnati seizure data also included data from the Cincinnati Regional Enforcement Narcotics Unit. In Detroit, laboratories reported limited data to NFLIS for November and December. **Emergency department (ED) visits** for Chicago and Detroit are from 2009 SAMHSA DAWN weighted estimates. **Student drug use data** for Chicago came from the YRBS. **Arrestee urinalysis positive data** for Minneapolis/St. Paul and Chicago were from ONDCP's ADAM II. **Poison center call data** for Minneapolis/St. Paul, St. Louis, Detroit, and Cincinnati came from regional poison control centers. See section I for discussion of data sources.

SOURCE: June 2011 CEWG meeting materials

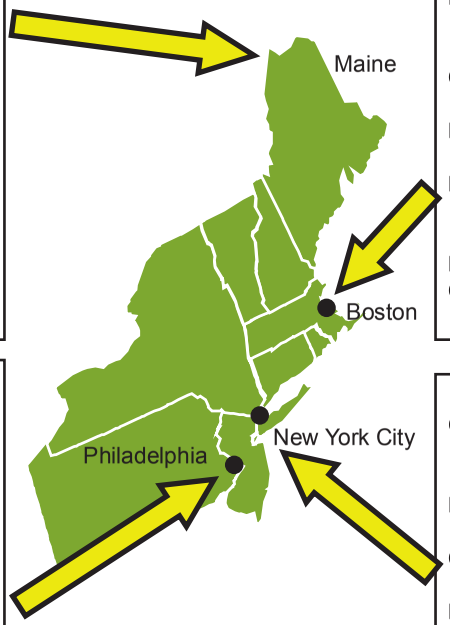
**Figure 3. Regional Highlights: Northeast CEWG Area Reports: June 2011**

### MAINE AREA

**Cocaine/Crack**: ***#1 seizures;*** **treatment admissions** ↓; **deaths** ↑; **seizures** ↓; arrests ↑; impaired drivers ↑
**Heroin: treatment admissions** ↓; **deaths** ↓; **seizures** ↓; arrests ↑; impaired drivers ↑
**Other Opiates:** ***#2 treatment admissions;*** **treatment admissions** ↑; **deaths** ↔ ; **seizures** ↑; arrests ↑; **Buprenorphine: deaths** ↑; **seizures** ↑; impaired drivers ↑
**Methamphetamine: treatment admissions** ↑; **seizures** ↓; arrests ↓
**Marijuana:** ***#2 seizures;*** **treatment admissions** ↔; **seizures** ↑; arrests ↓; impaired drivers ↑
**MDMA: treatment admissions** ↔; **deaths** ↔; **seizures** ↓; arrests ↑
**Other Drugs: Synthetic Cathinones (Bath Salts): deaths** ↑; **seizures** ↑; **Benzodiazepines: treatment admissions** ↓; **deaths** ↑; **seizures** ↑; arrests ↑; impaired drivers ↑

### PHILADELPHIA AREA

**Cocaine/Crack:** ***#2 seizures;*** **treatment admissions** ↓; **deaths** ↓; probationer/parolee urinalysis positive ↓
**Heroin: treatment admissions** ↔; **deaths** ↓; **seizures** ↔
**Other Opiates: treatment admissions** ↑; **Oxycodone: deaths** ↑; **seizures** ↑; Codeine: **seizures** ↑
**Methamphetamine:** Very Low; treatment admissions ↑; **seizures** ↔
**Marijuana:** ***#1 treatment admissions;*** ***#1 seizures;*** **treatment admissions** ↓; **seizures** ↔; probationer/parolee urinalysis positives ↑
**MDMA:** Very Low; **seizures** ↔
**Other Drugs: Benzodiazepines: treatment admissions** ↔; **deaths** ↑; **seizures** ↔; probationer/parolee urinalysis positives ↑; **PCP: treatment admissions** ↑; **seizures** ↓; **Salvia, MDPV, Mephedrone:** PA State legislature working to control




### BOSTON AREA

**Cocaine/Crack:** ***#2 seizures;*** **treatment admissions** ↓; **seizures** ↓; ED visits ↓; hospital discharges ↓; helpline calls ↓; arrests ↓
**Heroin:** ***#1 treatment admissions;*** **treatment admissions** ↔; ***seizures*** ↓; helpline calls ↓; arrests ↔
**Other Opiates: treatment admissions** ↑; **seizures** ↑; ED visits ↑; hospital discharges ↑; helpline calls ↑
**Methamphetamine:** Very Low; **treatment admissions** ↔; **seizures** ↔; helpline calls ↔
**Marijuana:** ***#1 seizures;*** **treatment admissions** ↔; **seizures** ↑; ED visits ↑; hospital discharges ↑; helpline calls ↔; arrests ↔
**MDMA:** Very Low; **seizures** ↑; helpline calls ↓
**Other Drugs: Benzodiazepines: treatment admissions** ↑; **seizures** ↑; helpline calls ↓

### NEW YORK CITY AREA

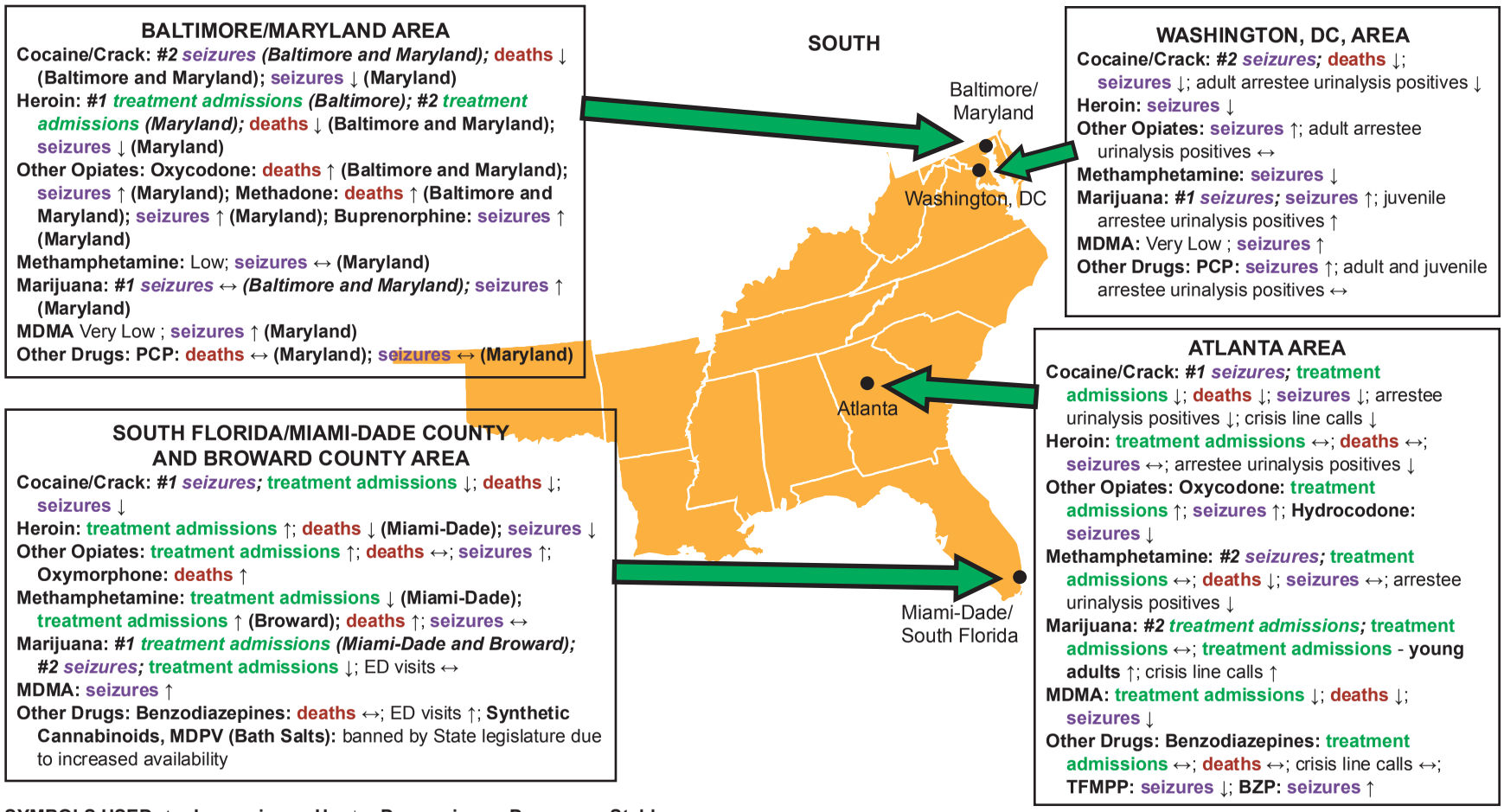
**Cocaine/Crack:** ***#1 seizures;*** **treatment admissions** ↓; **seizures** ↓; ED visits ↓; arrestee urinalysis positive ↓
**Heroin: treatment admissions** ↓; **seizures** ↔; ED visits ↓; arrestee urinalysis positive ↓
**Other Opiates:** ED visits ↑; **Oxycodone: seizures** ↑; **Buprenorphine: seizures** ↑
**Methamphetamine:** Very Low ; ED visits ↑
**Marijuana:** ***#2 treatment admissions;*** ***#2 seizures;*** **treatment admissions** ↑; **seizures** ↑; arrestee urinalysis positive ↑
**MDMA: seizures** ↑; ED visits ↑
**Other Drugs: BZP: seizures** ↑; **PCP: seizures** ↑; ED visits ↑

**SYMBOLS USED: ↑ = Increasing or Up; ↓ = Decreasing or Down; ↔ = Stable**

NOTES: Most comparisons are between 2009 and 2010. Data sources include the following: **Treatment admissions data** refer to numbers or percentages of substance abuse treatment admissions. These data came from State Health Departments or State data sources in Boston, Maine, and New York City; treatment admissions data for Philadelphia are retrieved from local sources and include nonMedicaid enrolled clients (the uninsured and underinsured). **Death data** for Maine and Philadelphia came from Medical Examiners' offices; data for Maine included drug-induced deaths, and for Philadelphia included drug-caused deaths as well as deaths in which a drug was detected as present. **Seizure data** for Philadelphia, Boston, and New York City came from the DEA's NFLIS system, and seizure data for Maine were provided by the Maine State Health and Environmental Testing Laboratory. **Emergency department (ED) visit data** for Boston and New York City are from 2009 SAMHSA DAWN data. **Hospital discharge data** for Boston included drug-related hospital discharges and were provided by the Massachusetts Division of Health Care, Finance, and Policy. **Probationer/parolee urinalysis positive data** for Philadelphia came from the Adult Probation/Parole Department in Philadelphia's First Judicial District; **arrestee urinalysis data** for New York City were from ONDCP's ADAM II. **Helpline call data** for Boston were provided by the Massachusetts Substance Abuse Information and Education Helpline. **Arrest data** for Maine came from the Maine Drug Enforcement Agency and included drug arrests for possession or trafficking only; arrest data for Boston were provided by the Boston Police Department and included drug arrests for possession, distribution, manufacturing, trafficking, needle possession, and forging prescriptions. **Impaired driver data** in Maine came from urine samples from drivers suspected of driving under the influence of drugs and were provided by the Maine State Health and Environmental Testing Laboratory. See section I for a discussion of data sources.

SOURCE: June 2011 CEWG meeting materials

**Figure 4. Regional Highlights: South CEWG Area Reports: June 2011**




**SYMBOLS USED: ↑ = Increasing or Up; ↓ = Decreasing or Down; ↔ = Stable**

NOTES: Most comparisons are between 2009 and 2010. Data sources include the following: **Treatment admissions data** for the Miami-Dade/South Florida area were provided by the Florida Department of Children and Families, and for Atlanta, they were provided by the State Department of Human Services. Data for Washington, DC, were not available for 2010, and treatment data for the Baltimore/Maryland area are not included here, as a change in the reporting system rendered them noncomparable to previous years (rankings for 2010 treatment admissions and seizures are reported, however). **Death data** came from local and State Medical Examiners' offices; Baltimore/Maryland death data included deaths with "drug intoxication"; Washington, DC, data included drug overdose and drug-positive deaths; and Miami-Dade/South Florida and Atlanta data included drug-related deaths (deaths in which a drug was detected). **Seizure data** came from DEA NFLIS. NFLIS data for the Baltimore/Maryland area are for Maryland only, as Baltimore data are not comparable to 2009. Data reported in 2009 were for the Baltimore MSA, and data reported for 2010 were for Baltimore City. State and local laboratories in the Atlanta MSA did not report data to NFLIS for October–December 2010, resulting in a lower total than previous years. **Arrestee urinalysis positive data** for Baltimore/Maryland, Washington, DC, and Atlanta were from ONDCP's ADAM II system; additional arrestee urinalysis data for Washington, DC, were provided by the District of Columbia Pretrial Services Agency. **Crisis line call data** for Atlanta were from the Georgia Department of Human Resources. See section I for discussion of data sources.

SOURCE: June 2011 CEWG meeting materials

**Table 1. NFLIS Top 10 Seized Drug Items Analyzed and Identified by CEWG Area and Rank (Based on Frequency): January–December 2010**

| CEWG Areas | Cocaine/ Crack | Heroin | Oxy-codone | Hydro-codone | Alprazolam | Clonazepam | Metham-phetamine | Cannabis/ Marijuana | MDMA | Phencycli-dine (PCP) | Other Drugs |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **SOUTHERN REGION** | | | | | | | | | | | |
| Atlanta | 1 | 6 | 3 | 4 | 5 | — | 2 | 7 | 8 | — | Amphetamine=9; 1-(3-Trifluoromethylphenyl)piperazine=10 |
| Baltimore City | 2 | 3 | 5 | — | 6 | 8 | — | 1 | 7 | — | Buprenorphine=4; Caffeine=9; Methadone=10 |
| Maryland | 2 | 3 | 4 | — | 6 | 8 | — | 1 | 9 | 7 | Buprenorphine=5; Methadone=10 |
| Miami | 1 | 5 | 3 | 8 | 4 | — | 10 | 2 | 6 | — | Hallucinogen (Nonspecified)=7; 1-Benzylpiperazine=9 |
| Washington, DC | 2 | 3 | 6 | — | — | — | 10 | 1 | 7 | 4 | 1-Benzylpiperazine=5; Caffeine=8; Buprenorphine=9 |
| **NORTHEASTERN REGION** | | | | | | | | | | | |
| Boston | 2 | 3 | 4 | 10 | 7 | 6 | — | 1 | — | — | Buprenorphine=5; Amphetamine=8; Gabapentin=9 |
| Maine | 1 | 4 | 3 | 8 | — | — | 7 | 2 | 6 | — | Buprenorphine=5; 1-Benzylpiperazine and Methadone=tied for 9 |
| New York City | 1 | 3 | 5 | — | 4 | 10 | — | 2 | 6 | 7 | Methadone=8; Buprenorphine=9 |
| Philadelphia | 2 | 3 | 4 | 9 | 5 | 8 | — | 1 | — | 6 | Codeine=7; Buprenorphine=10 |
| **MIDWESTERN REGION** | | | | | | | | | | | |
| Chicago | 2 | 3 | — | 6 | 7 | — | 9 | 1 | 4 | 8 | 1-Benzylpiperazine=5; Buprenorphine=10 |
| Cincinnati | 2 | 3 | 4 | 5 | 6 | 8 | 9 | 1 | 10 | — | Buprenorphine=7 |
| Detroit | 2 | 3 | 7 | 4 | 5 | — | — | 1 | 6 | — | 1-Benzylpiperazine=8; Codeine=9; Buprenorphine=10 |
| Minneapolis/ St. Paul | 3 | 5 | 6 | 9 | — | — | 2 | 1 | 4 | — | Cathinone/Cathine=7; Acetaminophen=8; 1-Benzylpiperazine=9 ( tied with Hydrocodone) |
| St. Louis | 3 | 2 | 7 | 5 | 6 | — | 4 | 1 | 8 | — | Pseudoephedrine/Ephedrine=9; Buprenorphine=10 |
| **WESTERN REGION** | | | | | | | | | | | |
| Colorado | 1 | 4 | 6 | 7 | 9 | — | 3 | 2 | 5 | — | Psilocin/Psilocybin/Psilocyn=8; Acetaminophen=10 |
| Denver | 1 | 4 | 6 | 7 | 10 | — | 3 | 2 | 5 | — | Psilocin/Psilocybin/Psilocyn=8; 1-Benzylpiperazine=9 |
| Honolulu | 3 | 5 | 6 | 7 | 9 | — | 1 | 2 | 4 | — | Acetaminophen=7 (tied with Hydrocodone); Morphine and Carisoprodol=tied for 10 |
| Los Angeles | 2 | 4 | 10 | 6 | 8 | — | 3 | 1 | 5 | 7 | Psilocin/Psilocybin/Psilocyn/Psilocybine=9 |
| Phoenix | 3 | 4 | 5 | 7 | 6 | 10 | 2 | 1 | 8 | — | Carisoprodol=9 |
| San Diego | 3 | 4 | 7 | 5 | 8 | — | 2 | 1 | 6 | — | Morphine=9; Buprenorphine=10 |
| San Francisco | 3 | 5 | 7 | 6 | — | — | 1 | 2 | 4 | — | Methadone=8; Morphine=9; Diazepam=10 |
| Seattle | 1 | 4 | 5 | 8 | 9 | — | 2 | 2 | 6 | 10 | Buprenorphine=7 |
| Texas | 2 | 6 | — | 5 | 4 | 10 | 3 | 1 | 8 | — | Carisoprodol=7; 1-Benzylpiperazine=9 |

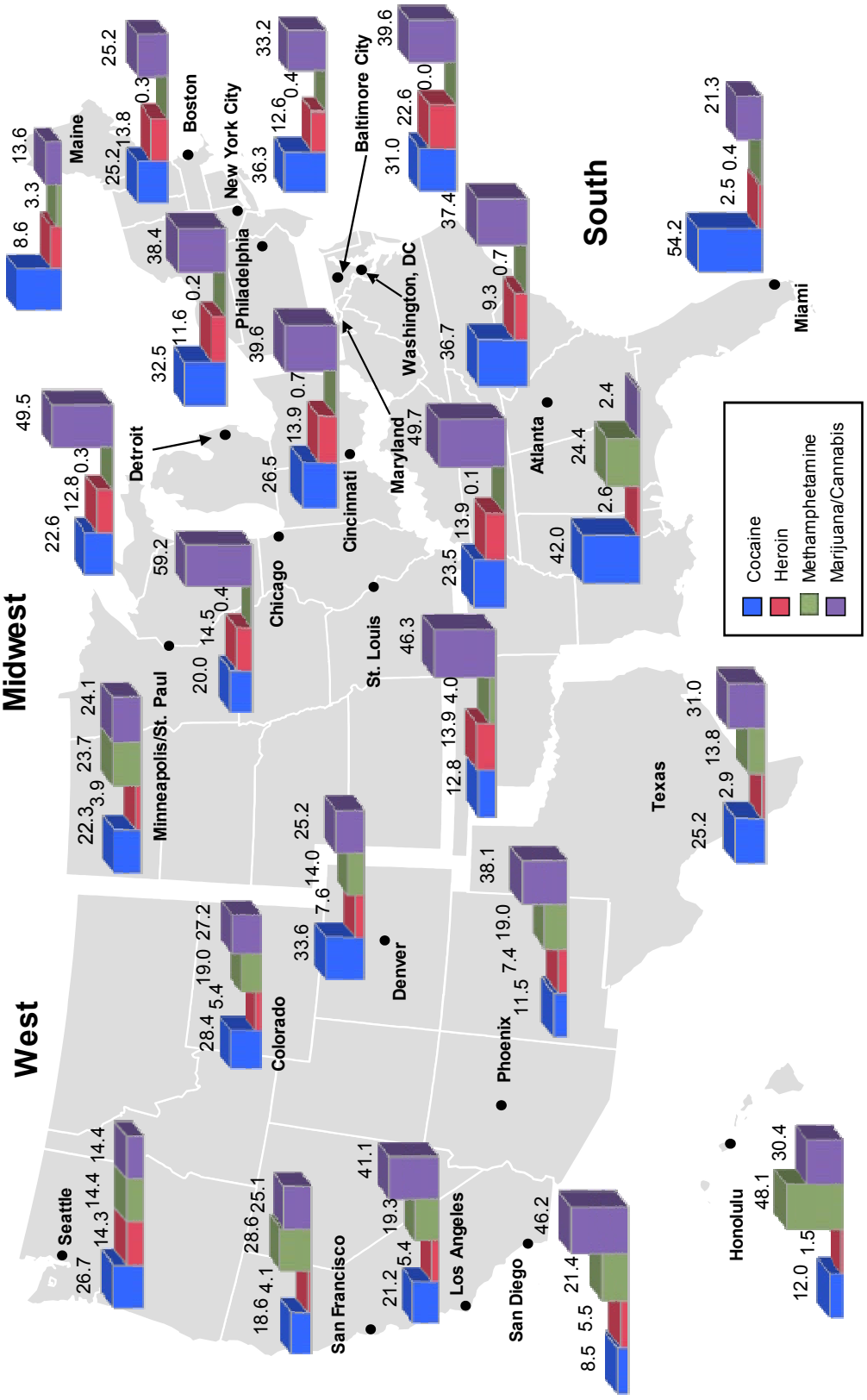
SOURCE: NFLIS, DEA, data for Atlanta, Detroit, New York City, Philadelphia, Phoenix, San Diego, Seattle, and Washington, DC, were retrieved on May 3, 2011; data for all other areas were retrieved on May 2, 2011; see appendix table 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

**Table 2. Top-Ranked Primary Drugs as a Percentage of Total Treatment Admissions, Including Primary Alcohol Admissions, in 22 CEWG Areas[1], by Region and Ranking: CY 2010[2]**

| CEWG Areas | Alcohol | Cocaine/ Crack | Heroin | Opiates/ Opioids Other Than Heroin | Metham-phetamine | Marijuana/ Cannabis | Benzodiaz-epines | Other Drugs |
|---|---|---|---|---|---|---|---|---|
| **SOUTHERN REGION** | | | | | | | | |
| Atlanta | 1 | 3 | 7 | 4 | 5 | 2 | 8 | 6 |
| Baltimore City | 2 | 4 | 1 | 5 | 8 | 3 | 6 | 7 |
| Maryland | 1 | 4 | 2 | 5 | 8 | 3 | 7 | 6 |
| South Florida/ Broward County | 2 | 4 | 6 | 3 | 8 | 1 | 7 | 5 |
| South Florida/ Miami-Dade County | 2 | 3 | 5 | 4 | 8 | 1 | 7 | 6 |
| **NORTHEASTERN REGION** | | | | | | | | |
| Boston | 2 | 3 | 1 | 4 | 7 | 5 | 6 | 8 |
| Maine | 1 | 6 | 4 | 2 | 8 | 3 | 7 | 5 |
| New York City | 1 | 4 | 3 | 5 | 8 | 2 | 7 | 6 |
| Philadelphia | 2 | 3 | 4 | 6 | 8 | 1 | 7 | 5 |
| **MIDWESTERN REGION** | | | | | | | | |
| Cincinnati | 1 | 5 | 3[3] | --[3] | 7[4] | 2 | 6 | 4 |
| Detroit | 2 | 3 | 1 | 5 | 7 | 4 | NR[5] | 6 |
| Minneapolis/St. Paul | 1 | 6 | 4 | 3 | 5 | 2 | 8 | 7 |
| St. Louis | 1 | 4 | 2 | 6 | 5 | 3 | 8 | 7 |
| **WESTERN REGION** | | | | | | | | |
| Colorado | 1 | 4 | 5 | 6 | 3 | 2 | 8 | 7 |
| Denver | 1 | 4 | 5 | 6 | 3 | 2 | 8 | 7 |
| Hawaii | 2 | 5 | 6 | NR | 1[4] | 3 | NR | 4 |
| Los Angeles | 2 | 5 | 3 | 7 | 4 | 1 | 8 | 6 |
| Phoenix[6] | 1 | 6 | 2 | 5 | 3 | 4 | NR | 7 |
| San Diego | 3 | 5 | 2 | 6 | 1 | 4 | NR | 7 |
| San Francisco | 1 | 3 | 4 | 7 | 2 | 5 | 8 | 6 |
| Seattle | 1 | 4 | 3 | 6 | 5 | 2 | 8 | 7 |
| Texas | 1 | 3 | 4 | 6 | 5[4] | 2 | 8 | 7 |

[1]CEWG areas not included in the table due to lack of availability of treatment admissions data for the reporting period are Chicago and Washington, DC.
[2]Data are for the calendar year 2010: January–December 2010.
[3]Heroin and other opiates are grouped together in Cincinnati treatment data. Heroin and morphine are grouped together in Phoenix data.
[4]Methamphetamine and amphetamine are grouped together in Texas treatment data. Methamphetamine, amphetamine, and MDMA are grouped together in Cincinnati treatment data. Methamphetamine and stimulants are grouped together in Hawaii treatment data.
[5]NR=Not reported by the CEWG area representative.
[6]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Figure 5. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana/Cannabis Items Analyzed by Forensic Laboratories in 23 CEWG Areas in 4 U.S. Regions, Each as a Percentage of Total Items Analyzed: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the timing of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas w ere retrieved between May 2 and May 3, 2011

# Cocaine/Crack

***Although cocaine remained a drug of concern in CEWG areas in all four regions of the country, the decline in cocaine/crack indicators continued in 2010. Cocaine indicators remained high in all CEWG areas except Honolulu/Hawaii and San Diego, where the area representatives reported relatively low levels. Representatives from seventeen CEWG areas (Atlanta; Baltimore/Maryland/Washington, DC; Boston; Chicago; Cincinnati; Denver/ Colorado; Detroit; Los Angeles; Minneapolis/St. Paul; New York City; Philadelphia; Phoenix; St. Louis; San Francisco; Seattle; South Florida/Miami-Dade and Broward Counties; and Texas) reported high but decreasing indicators, and one area representative (from Maine) reported high and mixed indicators (some increasing and some decreasing).***

***Western Region CEWG Areas:***

- **Denver/Colorado, Los Angeles, Phoenix, San Francisco, Seattle, and Texas Reports.** Cocaine trends were high and downward in Denver/Colorado, Los Angeles, Phoenix, San Francisco, Seattle, and Texas in 2010.

    - **Denver Report.** Cocaine continued to rank high in all Denver area indicators, and it continued to be the number one drug seized and identified by NFLIS laboratories in the Denver area. However, cocaine indicator trends were mostly declining in 2010, continuing the downward trend reported by the area representative at recent CEWG meetings. Primary treatment admissions for cocaine decreased both statewide in Colorado and in the Denver area—from 2,660 admissions in 2009 to 2,459 in 2010 statewide and from 1,333 in 2009 to 1,315 in 2010 in Denver. In Denver, cocaine-related deaths decreased from 2008 to 2009 (from *n*=60 to *n*=53), and cocaine-related hospital discharges also decreased during that same time period (from *n*=1,502 in 2008 to *n*=1,399 in 2009).

    - **Los Angeles Report.** All indicators for cocaine—treatment admissions, percentage of NFLIS items identified containing cocaine, coroner toxicology cases, and poison control center calls—were down in 2010 in the Los Angeles area, according to the area representative. For example, cocaine-related primary treatment admissions totaled 4,717 (9.7 percent of all admissions) in 2010, compared with 6,690 (12.6 percent) in 2009.

    - **Phoenix Report.** A pronounced decline in cocaine indicators in the Phoenix area (Maricopa County) from 2007 to 2009 appeared to moderate in 2010, according to the area representative, although most indicators were still declining. Cocaine-related inpatient hospital admissions in Maricopa County declined slightly, from 1,890 in 2009 to 1,819 in 2010.

    - **San Francisco Report.** In San Francisco, cocaine ranked third as the primary drug problem for treatment service episodes, following heroin and alcohol, but the number of episodes fell from 3,690 in FY 2008/2009 to 2,487 in FY 2009/2010[9]. Cocaine also ranked third in terms of drugs seized and identified in the five-county bay area (behind marijuana and methamphetamine), constituting 18.6 percent of all drugs analyzed by NFLIS laboratories.

[9]The area representative reported treatment data for the city of San Francisco by fiscal year in the full area report, which is included in Volume II and cited in Volume I; however, calendar year data for 2010 are reported for San Francisco in cross-area treatment tables contained in this Volume I report.

- **Seattle Report.** Although cocaine continued to be a major drug of abuse in the Seattle area, numbers of both treatment admissions and drug overdose deaths in King County declined in 2010. For the second year in a row, treatment admissions for cocaine decreased, to 1,477 admissions in 2010—down from a peak of 2,425 in 2008. Cocaine-involved overdose deaths similarly declined, to 45 in 2010, the lowest number since 2006, when cocaine-involved drug overdose deaths totaled 111.

- **Texas Report.** All cocaine indicators were declining in Texas, including poison control center calls, cocaine-involved deaths, and drug items seized and identified as containing cocaine. From 2009 to 2010, poison control calls for cocaine decreased from 792 to 753; the percentage of forensic laboratory exhibits seized and identified as cocaine declined from 29.2 to 20.4 percent of all exhibits; and cocaine-involved deaths declined from 500 to 447. In addition, the Texas 2010 School Survey of Substance Abuse for Grades 7–12 reported that lifetime use of powder or crack cocaine had dropped from a high of 9 percent in 1998 to 5 percent in 2010.

- **Honolulu/Hawaii Report.** The indicators for cocaine continued to decline from relatively low levels in Honolulu and Hawaii, according to the area representative. Primary cocaine treatment admissions for the State of Hawaii continued a 4-year decline, with the lowest number reported in 5 years in 2010 (*n*=139 admissions, compared with *n*=326 in 2009). Cocaine-related deaths in Honolulu/Oahu experienced a similar decline, with the Honolulu Medical Examiner reporting 24 deaths in 2010, compared with 17 deaths in 2009.

- **San Diego Report.** According to the area representative from San Diego, cocaine indicators remained relatively low in that area, and indicators were leveling off in 2010. Primary treatment admissions for cocaine remained at a low level (*n*=660 admissions, or 4.8 percent of all admissions in 2010), and decreased slightly (from *n*=763 or 5.4 percent of all admissions in 2009). Among adult arrestees, 6 percent of males and 11 percent of females tested positive for cocaine in 2010, representing very little change from 2009 but reaching the lowest prevalence since prior to 2000.

***Midwestern Region CEWG Areas:***

Indicators for cocaine were decreasing in all CEWG areas in the midwestern region.

- **Chicago and Detroit Reports.** Cocaine indicators were high and decreasing in Chicago and Detroit.

  - **Chicago Report.** Cocaine remained a serious drug problem in Chicago in 2010, but both quantitative and qualitative indicators suggested declining trends, according to the area representative. For example, drug items seized and identified as cocaine in the Chicago area decreased from 22 percent in 2009 to 20 percent in 2010. Twenty-nine percent of male arrestees sampled in 2010 by the ADAM II program in Chicago tested positive for cocaine, a significant decrease from the 44 percent who tested positive in 2008.

  - **Detroit Report.** Similarly, indicators for cocaine remained high in Detroit, but showed declining trends in 2010. Primary treatment admissions for cocaine in Detroit (where 91 percent of the admissions were for crack cocaine) decreased from 18.9 percent of all admissions in

2009 to 16.6 percent in 2010[10]. In addition, cocaine was detected in 229 deaths during 2010 in Wayne County, a decrease from the 280 deaths with cocaine detected in 2009.

- **Cincinnati, Minneapolis/St. Paul, and St. Louis Reports.** Cocaine indicators were moderate and decreasing in Cincinnati, Minneapolis/St. Paul, and St. Louis.

  - **Cincinnati Report.** According to the area representative, cocaine continued to be a primary substance of abuse in Cincinnati, but indicators there were decreasing. Primary treatment admissions for cocaine continued a decline that began in 2007. They decreased from 673 in FY 2009 to 491 in CY 2010. Other cocaine indicators in Cincinnati also decreased, including calls involving cocaine to the poison control center (decreasing by 26 percent in 2010 from 2009) and deaths in which evidence of cocaine use was documented, which declined in 2010 (by 8.3 percent from the previous year).

  - **Minneapolis/St. Paul Report.** The number of clients receiving treatment for cocaine addiction also continued to decline in Minneapolis/St. Paul. Primary treatment admissions for cocaine in the Twin Cities decreased from 6.4 percent of all admissions (*n*=1,317 admissions) in 2009 to 5.7 percent (*n*=1,116) in 2010. In 2010, 19.8 percent of adult male arrestees in Hennepin County tested positive for cocaine, stable from 18.7 percent in 2009, but a decrease from 27.5 percent in 2007. However, drug items seized and identified as cocaine in a seven-county Minneapolis/St. Paul area remained stable at 22.3 percent of all items (compared with 22.2 percent in 2009).

  - **St. Louis Report.** Crack cocaine, formerly the major stimulant problem in the St. Louis area, decreased in all indicators in 2010. For example, primary treatment admissions for cocaine decreased in 2010 to 10.6 percent of all admissions—down from 12.0 percent in 2009 and 17.8 percent in 2008. Cocaine-related deaths also showed a steep decline, from 70 deaths in which cocaine was detected as present in 2009 to 44 in 2010.

***Northeastern Region CEWG Areas:***

- Boston, New York City, and Philadelphia Reports. Indicators were high or very high and decreasing in Boston, New York City, and Philadelphia.

  - **Boston Report.** Indicators for cocaine in Boston remained high in 2010. Primary treatment admissions for cocaine and/or crack cocaine decreased from 7 percent in 2009 to 5 percent in 2010. The proportion of Class B (mostly cocaine) drug arrests in the Boston area declined from 1,575 arrests in 2009 to 1,376 arrests in 2010, and helpline calls in the greater Boston area related to cocaine decreased from 457 to 354 in the 1-year period.

  - **New York City Report.** The area representative from New York City reported that although indicators declined in 2010, cocaine still accounted for major problems in the city. Primary treatment admissions for cocaine in New York City declined to 12,674 in 2010, the lowest number in more than two decades. ADAM II data for Manhattan male arrestees in 2010 showed that

[10]Note that the Detroit area representative reported treatment data by fiscal year in the Detroit full area report contained in Volume II of this report; however, calendar year data for 2010 are reported for Detroit in cross-area treatment tables contained in this Volume I report.

30.3 percent of arrestees tested positive for cocaine. This represented a significant decline from 2000, 2001, 2002, and 2003.

- **Philadelphia Report.** Cocaine continued as an important drug of abuse in Philadelphia, according to the area representative, but a decline in indicators that began in 2006 continued into 2010. In Philadelphia, primary treatment admissions for cocaine continued to decline in 2010, with 2,868 admissions, compared with 3,182 in 2009. All other indicators for cocaine were down also, and while cocaine continued to rank first among all drugs detected in decedents, the number of decedents with cocaine in their systems decreased in 2010 (*n*=233 deaths in 2010, compared with *n*=311 in 2009).

- **Maine Report.** Moderate/high and mixed Indicators for cocaine were reported by the Maine area representative. In the State of Maine, primary treatment admissions and law enforcement seizures identified in forensic laboratories as cocaine fell from 2009 to 2010; 43.4 percent of all seizures were identified as cocaine in 2009, compared with 39.7 percent in 2010. However, drug-induced deaths involving cocaine, arrests, and impaired driver urinalysis indicators increased. For example, the percentage of impaired driver urinalysis tests identified as containing cocaine rose slightly from 7 percent in 2009 to 8 percent in 2010.

***Southern Region CEWG Areas:***

- Indicators for cocaine were high and decreasing in all CEWG areas in the South.

  - **Atlanta Report.** All cocaine indicators were moderate to high and down from previous reporting periods in the Atlanta area in 2010, as reported by the area representative. Primary treatment admissions for cocaine, as a percentage of all treatment admissions, declined from 19.6 percent in 2009 to 16.5 percent in 2010. Similarly, the percentage of adult male arrestees testing positive for cocaine dropped from 36.3 percent in 2009 to 33.2 percent in 2010.

  - **Baltimore/Maryland/Washington, DC, Report.** Cocaine, particularly crack cocaine, remained the most serious drug of abuse in Washington, DC, and continued to be a primary concern in Maryland, according to the area representative. Indicators were showing a decrease in negative consequences, however. For example, in Maryland, the total number of intoxication deaths testing positive for cocaine decreased, from 760 in 2009 to 658 in 2010. In Washington, DC, the percentage of adult arrestees testing positive for cocaine continued to decrease, from 28.7 percent in 2009 to 24.0 percent in 2010.

  - **South Florida/Miami-Dade and Broward Counties Report.** Indicators of cocaine problems in South Florida/Miami-Dade County continued to dominate consequences of drug abuse in that area in 2010, according to the representative. All cocaine indicators, however, continued the decline that began in 2007. Although cocaine continued to be the most commonly identified substance by NFLIS laboratories in the Miami MSA, its percentage among all drug items dropped from 62 percent in 2009 to 54 percent in 2010. Primary treatment admissions for cocaine in South Florida also declined in 2010 from 2009; cocaine treatment admissions numbered 918 in 2010 in Miami-Dade County and 481 in Broward County, compared with 1,557 and 769, respectively, in 2009.

***Other Highlights:***

- **Adulterants (levamisole): Denver, Seattle, Texas, Detroit, Maine, and Philadelphia Reports.** Six CEWG area representatives reported continuing problems with levamisole presence in cocaine. In the West, Denver, Seattle, and Texas area representatives reported on levamisole found in cocaine drug items. The Seattle representative reported that two-thirds of the drug items seized by police in King County and identified by the State crime laboratory as cocaine in 2010 contained levamisole. In the Midwest in Detroit, the Wayne County Medical Examiner continued to report the presence of levamisole in deaths with cocaine detected, but these deaths declined in 2010 to 157, compared with 176 deaths in 2009. In the Northeast region, in Maine, the majority (54 percent) of cocaine law enforcement seizure samples contained levamisole in 2010, according to the area representative. The Philadelphia area representative reported that in 2010, levamisole was detected in 73 percent of cocaine-positive decedents, the highest percentage ever recorded.

- **Treatment admissions** data for 2010 revealed that treatment admissions for primary cocaine/crack as a percentage of total substance abuse treatment admissions ranked first or second in frequency in none of the 22 reporting CEWG areas (table 2).

  - The most common route of administration in all reporting areas was smoking (section III, table 4).

  - Declines in proportions of primary cocaine treatment admissions were observed in all 19 CEWG areas reporting comparable data from 2007 through 2010. The largest decreases in primary cocaine admissions over the 4-year period were in Detroit, St. Louis, and Atlanta, at 11.0, 10.5, and 8.1 percentage points, respectively. Cocaine admission percentages declined in 17 of the 19 reporting areas between 2009 and 2010. South Florida/Broward County had the largest decline at approximately 8 percentage points, followed by Atlanta, Los Angeles, Philadelphia, and South Florida/Miami-Dade at approximately 3–4 percentage points each (section III, table 6). In Minneapolis/St. Paul, cocaine admissions proportions rose by 3.3 percentage points from 2009 to 2010, while they were stable in Seattle over the period.

- Cocaine was the drug most frequently seized and identified by **NFLIS** forensic laboratories in 7 of 23 reporting CEWG areas—Atlanta, Colorado, Denver, Maine, Miami, New York City, and Seattle. Cocaine ranked first in none of the five CEWG areas in the midwestern region in frequency of drug items identified. Cocaine ranked second in drug items identified in 2010 in 10 of 23 CEWG areas (table 1). The proportion of cocaine items identified in NFLIS laboratories in 2010 ranged from 8.5 percent in San Diego to 54.2 percent in Miami (figure 5, figure 19; appendix table 2).

## Heroin

***Most CEWG area representatives reported continuing high indicators for heroin in 2010, although five representatives—from Denver and Honolulu/Hawaii in the West, Atlanta and South Florida/Miami-Dade and Broward Counties in the South, and Maine in the Northeast—reported relatively low indicators for their areas. Still a drug of concern in most CEWG areas, upward heroin trends were reported by area representatives for Cincinnati, San Diego, and Seattle. The area representative from Minneapolis/St. Paul reported stable indicators, and***

***mixed indicators (some stable, some down, and some up) were reported by area representatives from Boston, Chicago, Detroit, Los Angeles, New York City, Philadelphia, Phoenix, St. Louis, and Texas. Decreasing indicators were reported by area representatives for San Francisco and the Baltimore/Maryland/Washington, DC, area.***

***Western Region CEWG Areas:***

- **San Diego and Seattle Reports.** Upward trends in heroin indicators were noted for San Diego and Seattle. Heroin indicators were relatively high in San Diego, and increasing, according to the area representative. There were 2,969 primary treatment admissions for heroin in San Diego, accounting for 21.4 percent of all treatment admissions; this compared with 2,763 primary treatment admissions, or 19.4 percent, of all admissions for heroin in 2009. Primary treatment admissions for heroin were the second most frequently reported admissions among all drugs in San Diego, behind methamphetamine. Heroin prevalence measured by positive urine test results among both male and female arrestees was 10 percent in 2010, an increase over 6 and 8 percent for males and females, respectively, in 2009. Heroin indicators were reported to be moderate by the Seattle area representative, with some indicators showing slight increases in 2010. Drug overdose deaths involving heroin were low and stable in 2010 (*n*=50 deaths, the same number as 2009). However, drug items seized and identified by NFLIS as heroin increased as a percentage of all items from 8.3 percent (*n*=217) in 2009 to 14.3 percent (*n*=222) in 2010. The Northwest HIDTA reported 180 kilograms seized in 2010 across the State of Washington, a substantial increase since 2008.

- **San Francisco Report.** High but decreasing heroin indicators characterized San Francisco in the current reporting period. According to the area representative from San Francisco, indicators for opiates, particularly heroin, have remained high in that area for several years. All indicators for heroin, however, continued the gradual decline that began in 2005 into 2010. Although still the highest reported drug for primary treatment service episodes in the city of San Francisco, the numbers fell from 4,615 in FY 2008–2009 to 4,259 in FY 2009–2010.

- **Denver/Colorado, Honolulu/Hawaii, Los Angeles, Phoenix, and Texas Reports.** Heroin indicators in other areas of the West were mixed.

    - **Denver/Colorado Report.** Although heroin indicators were low relative to other drugs in the Denver/Colorado area, indicators were mixed with some heroin trends increasing in 2010, according to the area representative. Numbers of both primary treatment admissions for heroin and heroin-related deaths increased slightly in the Denver area in 2010. While they remained lower than primary treatment admissions for alcohol, marijuana, methamphetamine, and cocaine, heroin admissions in the Denver area increased in 2010 (from *n*=960 in 2009 to *n*=1,130 in 2010). Similarly, heroin-related deaths increased, from 27 (12.7 percent of all cases) in 2008 to 49 (23.7 percent of all cases) in 2009. Heroin-related calls to the Rocky Mountain Poison and Drug Center decreased, however, from 29 calls in 2009 to 19 in 2010.

    - **Honolulu/Hawaii Report.** The area representative for Honolulu/Hawaii reported an increase in the number of primary treatment admissions in Hawaii and arrests in Honolulu in 2010 related to heroin, but heroin-related deaths in 2010 in Honolulu decreased. Primary treatment admissions for heroin numbered 238 in 2010, compared with 165 in 2009.

Heroin-related deaths continued to decline in Honolulu; there were 73 deaths in 2009 and 47 in 2010.

- **Los Angeles Report.** In Los Angeles, both treatment admissions and drug items seized and identified as heroin by NFLIS increased in 2010. Primary treatment admissions for heroin totaled 9,940 in 2010, compared with 9,978 in 2009. This represented a reversal of a downward trend from 2001 to 2008. However, heroin/morphine was detected in 16.2 percent of Los Angeles County coroner toxicology cases in 2010, a decrease from the 19.8 percent reported in 2009.

- **Phoenix Report.** Indicators in the Phoenix area were similarly mixed. Primary heroin treatment episodes, as a percentage of total treatment episodes, increased from 17 percent in 2009 to 20 percent in 2010. There was little change, however, in opiate-positive urinalysis tests of male arrestees from 2009 to 2010; reported lifetime heroin use by Arizona high school students was also stable from 2008 to 2010.

- **Texas Report.** The Texas area representative reported mixed and relatively low heroin indicators in 2010 when compared with marijuana, cocaine, and methamphetamine. Heroin-related deaths (*n*=250 in 2010, compared with *n*=310 in 2009) and primary treatment admissions were down slightly; numbers of heroin-containing drug items seized and identified in Texas were relatively low and stable; and calls to poison control centers were up slightly, from 208 calls in 2009 to 222 calls in 2010.

***Midwestern Region CEWG Areas:***

- **Cincinnati Report.** Heroin indicators in the Cincinnati area were high and continued to increase in 2010. Primary treatment admissions for heroin abuse were combined with admissions for primary abuse of prescription opioids in Hamilton County. These combined admissions, largely heroin admissions, increased from 775 in FY 2009 to 968 in CY 2010. The Hamilton County Coroner's Office recorded 42 deaths in 2010 with evidence of heroin in toxicology tests; this represented a 17-percent increase over 2009 and a 320-percent increase since 2006. Drug items seized and identified as heroin by NFLIS laboratories in the Cincinnati area also increased, from 1,364 items (10.9 percent of all items analyzed) in 2009 to 1,915 items (13.9 percent of all items).

- **Minneapolis/St. Paul Report.** Although heroin indicators continued at relatively high levels in the Minneapolis/St. Paul Twin Cities area in 2010, indicators there appeared to be stabilizing, according to the area representative. Primary treatment admissions for heroin were stable, accounting for 7.8 percent of all primary treatment admissions in the Twin Cities in 2010 (they accounted for 8.0 percent in 2009).

- **Chicago, Detroit, and St. Louis Reports.** High and mixed heroin indicators were observed in Chicago, Detroit, and St. Louis. In Chicago, heroin abuse indicators continued at relatively high levels with mixed trends. The percentage of drug items seized and identified as heroin increased slightly in the Chicago area, from 13.3 percent in 2009 to 14.5 percent in 2010. However, ADAM II data indicated that proportions of male arrestees testing positive for heroin decreased slightly in 2010 (to 14 percent, down from 17 percent in 2009). Heroin indicators also continued to be high and mixed in Detroit, where heroin was the most commonly reported primary drug of abuse

among clients entering treatment in 2010 at 31 percent (a decline from 36 percent in 2009). Following increases in heroin indicators in the St. Louis area from 2005, the area representative reported that although indicators continued to be high, they were stabilizing in 2010. Still trending upward, primary treatment admissions for heroin increased to 26.5 percent of all admissions in 2010 (from 22.5 percent in 2009), while deaths in which heroin was detected as present decreased from 180 deaths in 2009 to 129 in 2010.

***Northeastern Region CEWG Areas:***

- **Boston, New York City, and Philadelphia Reports.** Heroin indicators were very high and mixed in Boston, New York City, and Philadelphia.
    - **Boston Report.** Indicators for heroin continued at very high levels, although the direction of change was mixed in Boston. Treatment admissions with heroin reported as the primary drug of abuse remained stable at 51 percent of all admissions in both 2009 and 2010. Similarly, class A drug arrests (mainly heroin) were stable at 22 percent of all arrests over the 1-year period. NFLIS drug items seized and identified as heroin, however, decreased in 2010 to 14.4 percent of all drug items (*n*=3,269 items), compared with 16.3 percent (*n*=2,838 items) in 2009. Heroin-related calls to the helpline in greater Boston also declined slightly, from 1,023 calls (33.9 percent of all calls) in 2009 to 612 calls (29.4 percent) in 2010.
    - **New York City and Philadelphia Reports.** The New York City and Philadelphia area representatives reported similar trends, with heroin indicators very high and either stable or declining from 2009 to 2010. In New York City, the area representative reported that heroin continued to be a major drug problem in the city and indicators were mixed. Although 19,208 primary treatment admissions in New York City in 2010 were for heroin (totaling nearly 25 percent of all primary admissions), this number represented a decline from 2009, when heroin primary admissions totaled 21,931. Of note in New York City was the continuing increase in injection as the primary route of administration among heroin treatment clients, from 32 percent of primary heroin clients in the second half of 1998 to 42 percent in 2010. The area representative from Philadelphia reported that while the indicators for heroin there remained high, they were mixed, with some stable and some in decline. Primary treatment admissions for heroin were relatively stable from 2009 (*n*=1,994) to 2010 (*n*=2,179) in Philadelphia. Mortality cases with the presence of heroin/morphine detected decreased from 221 in 2009 in Philadelphia to 206 in 2010. Drug items seized and identified by NFLIS laboratories as heroin were stable at 12.0 and 11.6 percent of all drug items analyzed, respectively, in 2009 and 2010.
- **Maine Report.** Indicators for heroin continued to be relatively low in Maine, with mixed trends. Impaired driver urinalysis results showed slight increases in heroin involvement in 2010, from 7 percent of all cases in 2009 to 8 percent in 2010. Other indicators—drug-induced deaths, primary treatment admissions, and drug seizures by law enforcement—decreased.

***Southern Region CEWG Areas:***

- **Atlanta Report.** Heroin indicators were low and mostly stable in Atlanta. Primary treatment admissions for heroin remained stable in the Atlanta area, at 4.9 percent of all admissions excluding

alcohol (3.7 percent including alcohol). Proportions of drugs seized and identified as heroin in Atlanta were also stable, at 2.6 percent of analyzed items in 2010, compared with 2.4 percent in 2009.

- **Baltimore/Maryland/Washington, DC, Report.** Heroin indicators were high and decreasing in Baltimore City and Maryland and moderate and stable in Washington, DC. While still the most frequently reported primary drug among Maryland treatment enrollments after alcohol (*n*=12,973), heroin enrollments decreased slightly in 2010. The percentage of drug items testing positive for heroin in area forensic laboratories reported by NFLIS remained about the same from 2008 to 2010 in Washington, DC, but decreased in the State of Maryland, from 20.3 percent in 2009 to 13.9 percent in 2010.

- **South Florida/Miami-Dade and Broward Counties Report.** Mixed heroin indicators were reported in South Florida. The area representative reported heroin indicators at low levels and mixed. Heroin-related deaths were stable from 2009 to 2010, and drug items seized and identified as heroin by NFLIS in the Miami MSA decreased from 773 drug items (3.1 percent of all admissions) in 2009 to 634 (2.5 percent of all admissions) in 2010. Primary treatment admissions for heroin increased, however, in 2010 in both Miami-Dade and Broward Counties. Heroin treatment admissions rose from 150 in 2009 to 183 in 2010 in Miami-Dade County; they increased in Broward County from 105 in 2009 to 156 in 2010.

***Other Highlights:***

- **Shifts in Age/Youth Use.** Several area representatives, including those from Denver, Phoenix, St. Louis, San Diego, Seattle, and Texas, reported that heroin users appeared to be younger in current indicator data.

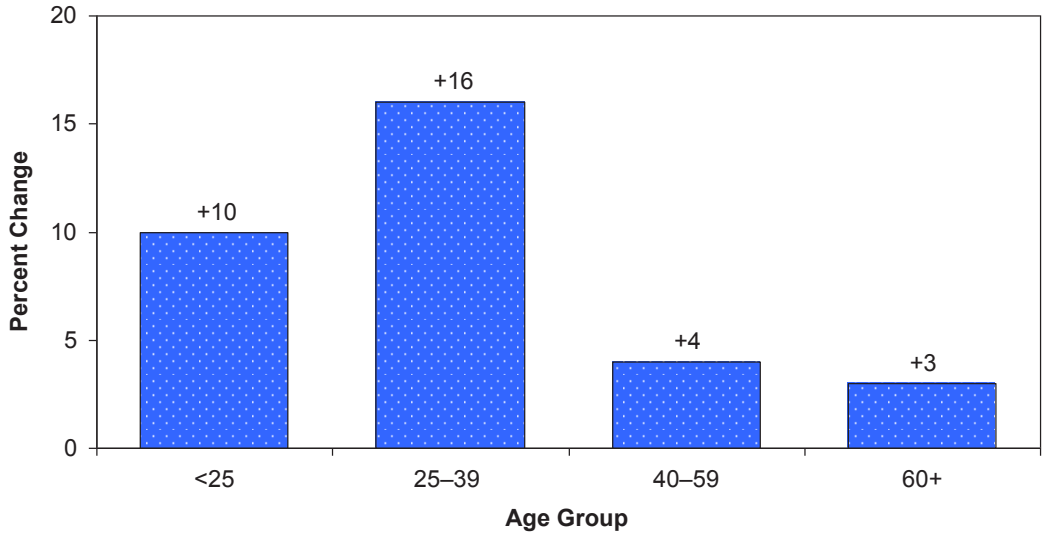
    - **Denver Report.** The Denver area representative noted that Denver street outreach workers and clinicians continued to report an increase in the number of young heroin users to the Denver Epidemiology Work Group. They reported that young, White suburbanites were switching from prescription opioids/opiates to heroin to continue their habit because heroin was less expensive.

    - **Phoenix Report.** In Phoenix hospital admissions data, the number of heroin and other opioid-related hospital admissions (with the majority being heroin admissions) increased from 2009 to 2010 in each age group shown in figure 6. The largest increases occurred in the 25–39 and younger-than-25 age groups, for whom such admissions rose by 16 and 10 percent, respectively.

    - **St. Louis Report.** The St. Louis area representative reported that primary treatment admissions for heroin were increasingly composed of clients younger than 35. In 2010, 72 percent of such admissions were younger than 35 (compared with 69 percent in 2009); 31 percent were younger than 25, compared with 28 percent in 2009. The area representative from St. Louis also reported anecdotal evidence that some younger users were reporting initial addiction to prescription pain pills prior to using heroin, not realizing the consequences of heroin involvement.

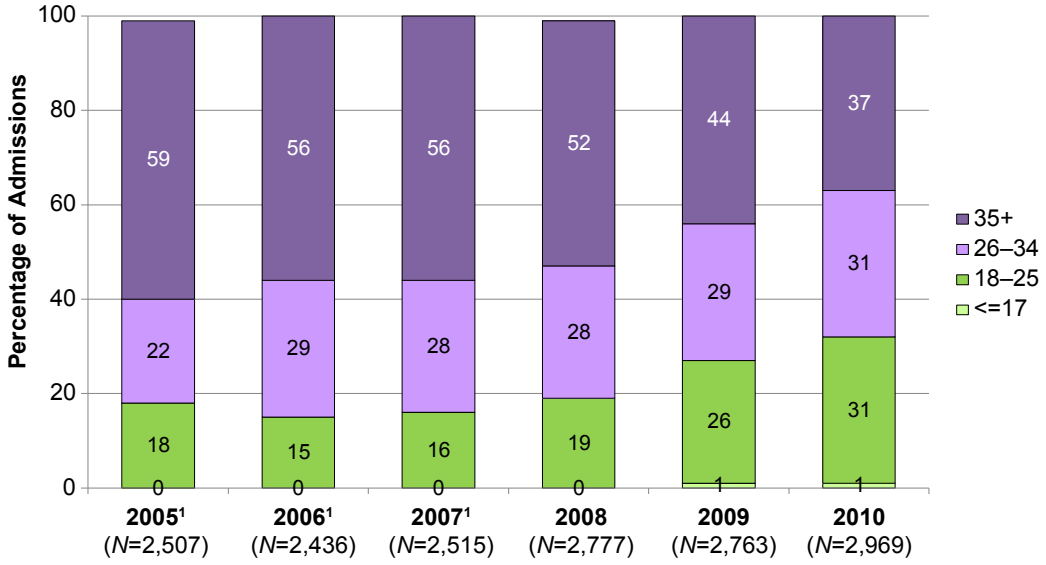
- **San Diego Report.** The area representative from San Diego reported that persons admitted to treatment for primary heroin abuse were increasingly younger. Clients younger than 35 constituted the majority of all heroin admissions, at 62 percent in 2010, an increase from 55 percent in 2009 and 47 percent in 2008 (figure 7).

**Figure 6. Percent Change in Number of Heroin/Opioid-Related Hospital Admissions by Age Group, Maricopa County (Phoenix): 2009–2010**




SOURCE: Hospital discharge records from the Arizona Hospital Discharge Data System, provided by the Arizona Department of Health, and analyzed by the University of Arizona, Department of Family and Community Medicine, as reported by James Cunningham at the June 2011 CEWG meeting

**Figure 7. Percentage of Primary Heroin Treatment Admissions, by Age Group, San Diego: 2005–2010**

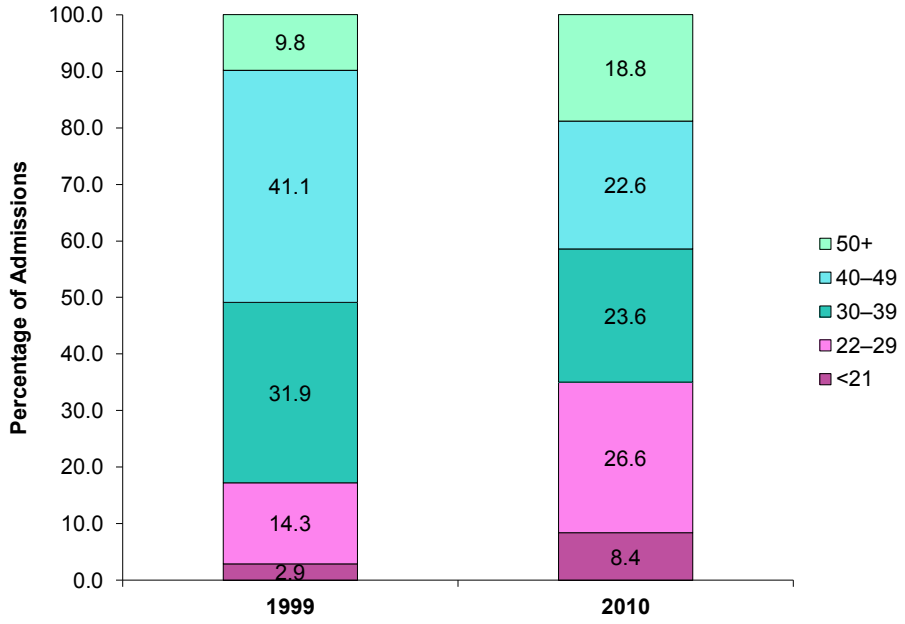



[1]Age categories are 26–35 and >35.
SOURCE: California Office of Medical Systems/California Alcohol and Drug Services (CalOMS/CADDS), as reported by Robin Pollini and Karla Wagner at the June 2011 CEWG meeting

- **Seattle Report.** In Seattle, numbers of treatment admissions for clients age 18–29 totaled 566 in 2010, which represented a 74-percent increase over 1999. Figure 8 shows the increase in proportions of primary heroin treatment admissions by age group in King County (Seattle) in 2010, compared with 1999, when respective percentages of heroin admissions younger than 30 nearly doubled (they were 17.2 percent of total heroin admissions in 1999 and 35.0 percent in 2010).

- **Texas Report.** The Texas area representative reported that there were indications of growing heroin problems in that State among teenagers and young adults in 2010. This was first noticed with the "cheese heroin" situation in Dallas, but heroin use indicators for youth were increasing statewide, with the proportion of treatment admissions clients in their twenties increasing in 2010.

**Figure 8. Percentage of Primary Heroin Treatment Admissions, by Age Group, King County (Seattle): 1999 (*N*=1,962), Compared With 2010 (*N*=1,683)**




SOURCE: King County Treatment Admissions Data, as reported by Caleb Banta-Green at the June 2011 CEWG meeting

- Heroin primary **treatment admissions,** as a percentage of total substance abuse treatment admissions, were particularly high in Baltimore City (at 51.9 percent) and Boston (51.4 percent) in 2010. In Baltimore City, Boston, and Detroit, heroin was the substance most frequently reported as the primary problem at treatment admission in the reporting period. It ranked second in four areas, namely Maryland, Phoenix, St. Louis, and San Diego (table 2).

- In the 4 years from 2007 to 2010, when 11 of 19 areas showed increases in proportions of primary heroin treatment admissions (Atlanta, Boston, Denver, Detroit, Los Angeles, Maryland, Minneapolis/St. Paul, Phoenix, St. Louis, San Diego, and Seattle), St. Louis and Phoenix had the largest increases, at approximately 10–11 percentage points each. Declines in heroin admissions as a

percentage of all admissions were observed in five areas (Baltimore City, Hawaii, Maine, New York City, and Philadelphia), with the largest declines in New York City and Philadelphia (at approximately 4 percentage points each) (section III, table 10).

  - During the period between 2009 and 2010, 10 of the 19 reporting areas showed increases in proportions of primary heroin treatment admissions (Colorado, Denver, Los Angeles, Philadelphia, Phoenix, St. Louis, San Diego, Seattle, South Florida/Broward County, and South Florida/Miami-Dade County), with the largest increases in St. Louis and Phoenix, where proportions of heroin admissions increased by 3.9 and 3.3 percentage points, respectively. In eight areas—Atlanta, Baltimore City, Detroit, Hawaii, Maine, Maryland, Minneapolis/St. Paul, and New York City—heroin admission proportions decreased from 2009 to 2010, with Maine, Maryland, and New York City showing the largest declines (by 1.8, 2.3, and 2.4 percentage points, respectively). Primary heroin treatment admissions were stable from 2009 to 2010 in Boston.

- In more than one-half (13) of 23 CEWG areas, heroin items accounted for less than 10 percent of total drug items identified in **NFLIS** forensic laboratories in 2010. Proportions were highest in Baltimore City (22.6 percent). They were lowest in Honolulu, at approximately 1.5 percent of drug items identified (figure 5; section III, figure 20; appendix table 2). Heroin was not ranked first among drug items seized in any CEWG area, although it appeared in second place in St. Louis in 2010 (table 1).

## Opiates/Opioids Other than Heroin (Narcotic Analgesics)

***Area representatives in all four CEWG regions—the West, South, Midwest, and Northeast—reported increasing, stable, or mixed indicators for opioids/opiates other than heroin (including narcotic analgesics), henceforth referred to as "other opioids." No area representative reported decreasing indicators. Concerns about other opioids expressed by CEWG area representatives at the 2009 meetings continued into 2010. Hydrocodone and oxycodone continued as the prescription opioids appearing most frequently in indicator data, but concerns about methadone were reported in some CEWG areas. Buprenorphine indicators were noted in several CEWG areas, with increasing indicators reported by the area representatives from Seattle and Texas in the West; the Baltimore/ Maryland/Washington, DC, area representative in the South; Cincinnati and Detroit representatives in the Midwest; and the Boston, Maine, and New York City area representatives in the East. Fentanyl continued to appear in indicators in several CEWG areas in very small numbers, specifically Cincinnati, Denver, Minneapolis/St. Paul, New York City, St. Louis (where it continued to appear in death data), and South Florida/Miami-Dade and Broward Counties. The Texas representative continued to report on new combinations including opioids and the abuse of codeine cough syrup and products that imitate the codeine cough syrup pattern.***

***Western Region CEWG Areas:***

- **Denver/Colorado Report.** Several indicators for other opioids increased in 2010 in the Denver area. The category of other opioids reached an 8-year high for primary treatment admissions (excluding alcohol) in the Denver metropolitan area in 2010, at 5.9 percent of all admissions (*n*=762, compared with *n*=627 in 2009).

- **Los Angeles, San Francisco, and Seattle Reports.** Other opioid indicators were mixed in Los Angeles, San Francisco, and Seattle.

  - **Los Angeles Report.** In Los Angeles, hydrocodone was the most frequently identified opioid in indicators. Although treatment admissions for the category "other opiates/synthetics" represented a small proportionate share of primary treatment admissions in Los Angeles County (at 2.8 percent in 2010), there has been a continuing upward trend since 2005 (from 1.0 percent in 2005 and 2.5 percent in 2009). There was a slight decrease, however, in coroner toxicology cases with narcotic analgesics detected in 2010 (29.5 percent of all such cases were positive, compared with 32.3 percent in 2009).

  - **San Francisco Report.** Indicators for other opiates remained low but mixed in the San Francisco area. While some indicators, such as arrests, had declined, others showed slight increases. Although there were few clients receiving treatment services in San Francisco who reported other opiates, oxycodone, or nonprescription methadone as their primary drug, these numbers increased from FY 2008–2009 to FY 2009–2010 (other opiates increased from 164 episodes to 171; nonprescription methadone increased from 24 to 53; and oxycodone increased from 75 to 90).

  - **Seattle Report.** Indicators for other opioids were mixed for the Seattle area, according to the area representative. Adult primary treatment admissions for prescription-type opiates have continually increased since 2003 and totaled 900 in 2010, up from 750 in 2009. However, drug overdose deaths involving prescription-type opiates declined in the Seattle area for the first time in more than a decade, from 161 deaths in 2009 to 130 in 2010. Prescription sales for hydrocodone and oxycodone in the King County area showed a continuous increase for 2010. Buprenorphine sales also increased substantially in 2010, along with an increase in King County provider spaces for opiate substitution treatment, from 322 annual slots in 2005 to 2,353 in 2010.

- **Phoenix and San Diego Reports.** Low and stable indicators were noted for opiates other than heroin in Phoenix and San Diego. All indicators for other opioids were relatively stable in Phoenix, according to the area representative. For example, opiate-positive urinalysis results for male arrestees were 7.8 and 7.5 percent in 2009 and 2010, respectively. Indicators for other opioids were low and stable in San Diego, where primary treatment admissions for other opioids accounted for 4.1 percent of all admissions in 2010 ($n$=576 admissions in 2010 and $n$=553 in 2009); 2.2 percent of the 2010 admissions were for oxycodone, the predominant opioid in that area.

- **Texas Report.** The area representative from Texas reported a continuing increase in the use of the "Houston Cocktail," a combination of carisoprodol, alprazolam, and hydrocodone. Hydrocodone continued as the primary abused opioid in Texas based on indicator data consisting of poison control calls and items identified by NFLIS. The indicators were 10 times higher than those for oxycodone. Codeine cough syrup continued to be a concern in the State, where it is trafficked in the Houston area.

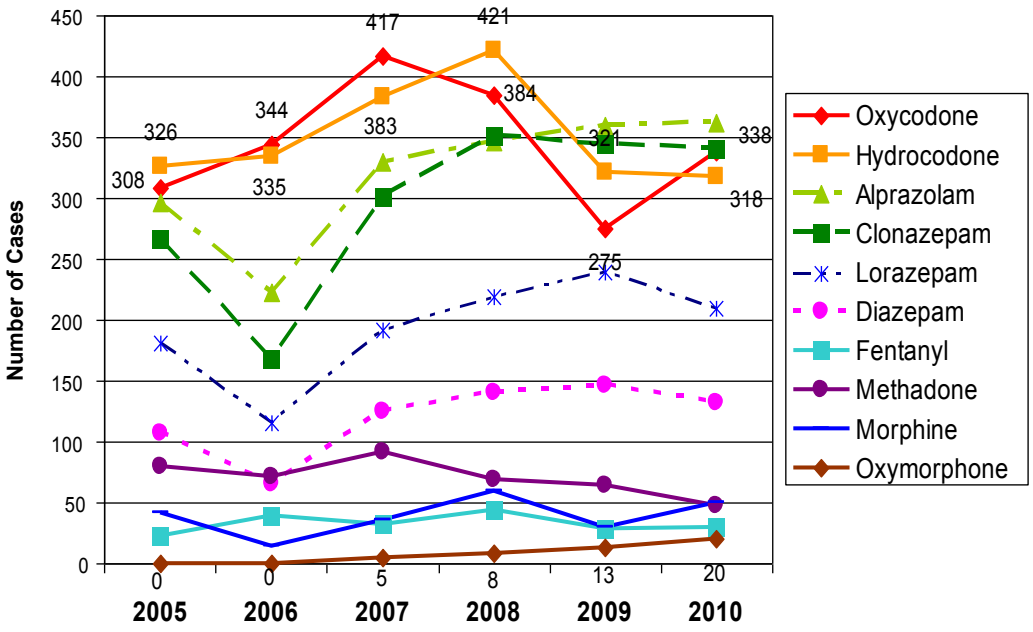
***Midwestern Region CEWG Areas:***

- **Chicago, Cincinnati, and Minneapolis/St. Paul Reports.** Moderate to high and stable other opioid indicators were reported by area representatives for Chicago, Cincinnati, and Minneapolis/St. Paul.

  - **Chicago Report.** While other indicators in Chicago were stable or slightly increasing for other opioids, according to the area representative, the percentage of male arrestees testing positive for those drugs constituted 12 percent of arrestees in 2010, down from 18 percent in 2009, and a significant decline from 29 percent in 2008. It must be noted, however, that the Chicago urinalysis data do not distinguish heroin from other opioids. Most arrestees testing positive probably had used heroin.

  - **Cincinnati Report.** In the Cincinnati area, based on area representative reports, qualitative data continued to indicate availability of pharmaceutical opioids at a moderately high but stable level, and poison control data showed that the other opioids most likely to be abused were hydrocodone and oxycodone. In Cincinnati, human exposure calls concerning oxycodone numbered 338 in 2010, representing a 23-percent increase over such calls in 2009 (figure 9).

**Figure 9. Number of Poison Control Center Human Exposure Cases for Selected Pharmaceutical Drugs, Including Oxycodone, Hydrocodone, and Other Prescription Opiates/Opioids, Cincinnati: CYs 2005–2010**




SOURCE: Cincinnati Drug and Poison Information Center, unconfirmed, as reported by Jan Scaglione at the June 2011 CEWG meeting

- **Minneapolis/St. Paul Report.** Indicators for other opioids continued to be high and stable in Minneapolis/St. Paul, according to that area representative. Primary treatment admissions in the Twin Cities for other opioids reached an all-time high in 2009, with 1,722 clients reporting them as the primary substance problem. In 2010, this number was slightly lower, at 1,639. Two Indian Nations in Minnesota, the Red Lake Nation and the White Earth Band of Chippewa, declared public health emergencies related to prescription and illegal drug abuse on their reservations. According to numerous reservation sources, addiction to prescription narcotics reached record high levels, and consequences of widespread prescription narcotic abuse and trafficking continued to erode the quality of life and public safety in their communities.

- **Detroit and St. Louis Reports.** Other opioid indicators were increasing in Detroit and St. Louis. In Detroit, deaths with the presence of hydrocodone detected increased to 298 in 2010, from 261 in 2009. Similarly, poison control center calls involving hydrocodone increased from 512 in 2009 to 979 calls in 2010. The area representative from St. Louis reported increasing concerns for oxycodone abuse by treatment providers and law enforcement, based on qualitative data sources. Rural police in the St. Louis area stated that abuse of prescription drugs continued to be a major issue, according to the area representative.

***Northeastern Region CEWG Areas:***

- **Maine Report.** All indicators for narcotic analgesics were high and increasing in the State of Maine, according to the area representative. For example, drugs seized by law enforcement and identified as narcotic analgesics increased from 13.3 percent of all drugs in 2009 to 18.8 percent in 2010.

- **Boston Report.** Narcotic analgesic indicators were at moderate levels and mostly increasing in Boston, where the area representative reported a slight increase in the proportion of primary treatment admissions for opiates other than heroin to 5 percent of all admissions (from 4 percent in 2008 and 2009). Calls related to narcotic analgesics also increased, from 18.1 percent of all calls in 2009 to 20.4 percent in 2010.

- **Philadelphia Report.** Indicators from mortality data for other opioids/opiates and Adult Probation/Parole urinalysis opiate-positive data for adults were stable in Philadelphia from 2009 to 2010. However, primary treatment admissions for other opioids increased from 3.5 percent of all admissions (*n*=513 admissions) in 2009 to 7.4 percent (*n*=1,120 admissions) in 2010.

- **New York City Report.** Indicators for other opioids increased in 2010 in New York City; however, they remained low relative to other drug levels. Many kinds of prescription drugs continued to be available on the street and were gaining in popularity, according to street study reports. Treatment admissions for other opioids represented only 2.2 percent of admissions in New York City in 2010; this was an increase over previous years (they represented 1.5 percent in 2009).

### *Southern Region CEWG Areas*

- **South Florida/Miami-Dade and Broward Counties Report.** Indicators for other opioids, particularly oxycodone, remained stable at high levels in the South Florida area, according to the area representative. While deaths involving prescription opioids were stable in South Florida in 2010, other indicators were increasing. Primary treatment admissions for prescription opioids in Miami-Dade County totaled 246 in 2010, compared with 113 in 2009. The increase was larger in Broward County, where 1,118 primary treatment admissions were reported for prescription opioids in 2010, compared with 336 in 2009. Drugs seized and identified as prescription opioids in the NFLIS data for the three-county Miami MSA increased to 6 percent of all substances in 2010, compared with 1.7 percent in 2009.

- **Baltimore/Maryland/Washington, DC, Reports.** Moderate and increasing indicators were reported in the Baltimore/Maryland/Washington, DC, area. In Maryland, numbers of primary enrollments for other opioids to certified publicly funded substance abuse treatment programs more than tripled from 2006 to 2010, increasing from 4,039 enrollments in 2009 to 5,349 in 2010. Oxycodone intoxication deaths in Maryland also increased from 86 deaths in 2009 to 117 in 2010. Oxycodone distribution has steadily increased from 2004 to 2010 in both Baltimore City and Washington, DC, according to the area representative, based on ARCOS data.

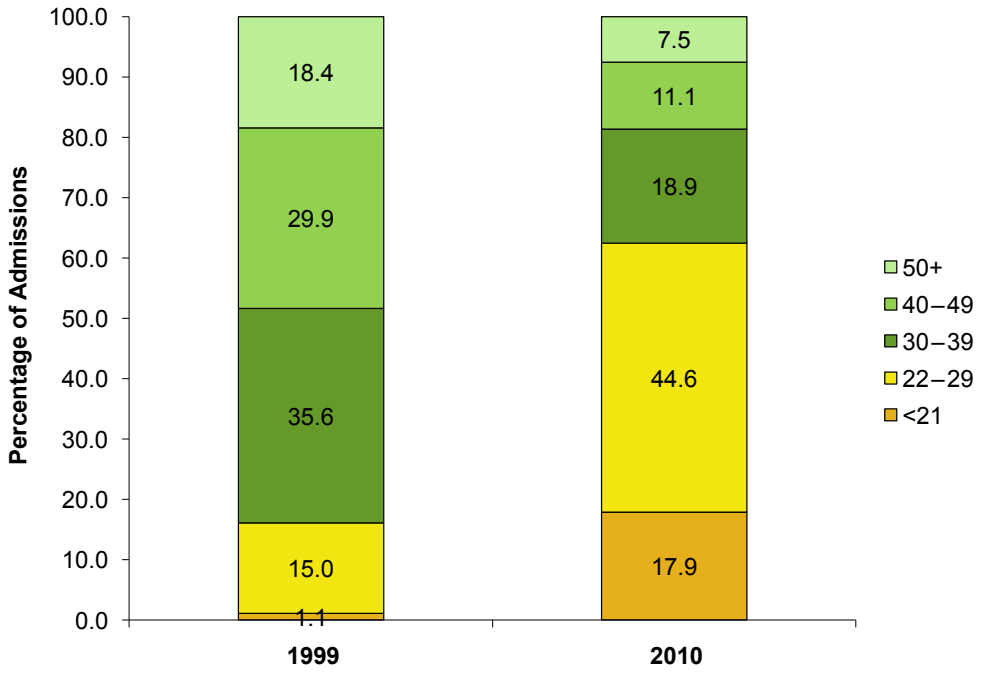
- **Atlanta Report.** While indicators for hydrocodone were declining in the Atlanta area, those for oxycodone were increasing. Oxycodone accounted for 3.5 percent of primary treatment admissions, excluding alcohol, in 2010, compared with 2.4 percent in 2009, and 0.9 percent in 2007. NFLIS items testing positive for oxycodone also increased in 2010, at 577 items, compared with 524 in 2009. Deaths in which oxycodone was detected also increased, from 306 deaths in 2010 to 386 in 2011. Calls to the Georgia Crisis Line and male arrestees testing positive for opiates (including heroin) were also higher in 2010 than 2009.

### *Other Highlights:*

- **Seattle, Denver, and South Florida/Miami-Dade and Broward Counties Reports.** Increases in indicators for the nonmedical use of prescription opioids and opiates among younger individuals were reported for several CEWG areas.

    - **Seattle Report.** In Seattle, clients age 18–29 represented the largest group in treatment for prescription-type opioids in King County in 2010, at approximately 63 percent of all clients (compared with approximately 44 percent younger than 25 in 2009). The relatively greater increase among younger age groups in proportions of treatment admissions for opiates/opioids other than heroin in the King County (Seattle) area is shown in figure 10. Other opiate/opioid admissions among clients younger than 30 grew in that area from 16.1 percent of the total in 1999 to 62.5 percent in 2010 (figure 10). This compares with proportions of primary treatment admissions for heroin in Seattle, which rose from 17.2 percent of total admissions in 1999 to 35.0 percent, an approximately twofold increase (figure 7). In terms of absolute numbers, heroin treatment admissions in Seattle have declined slightly from 1999 (*n*=1,962) to 2010 (*n*=1,683), compared with the number of pharmaceutical opiate admissions, which showed a tenfold rise (from *n*=87 to *n*=919) between 1999 and 2010.

**Figure 10. Percentage of Primary Treatment Admissions for Opiates/Opioids Other Than Heroin, Excluding Prescribed Opiate Substitutes, by Age Group, King County (Seattle): 1999 (*N*=87), Compared With 2010 (*N*=919)**

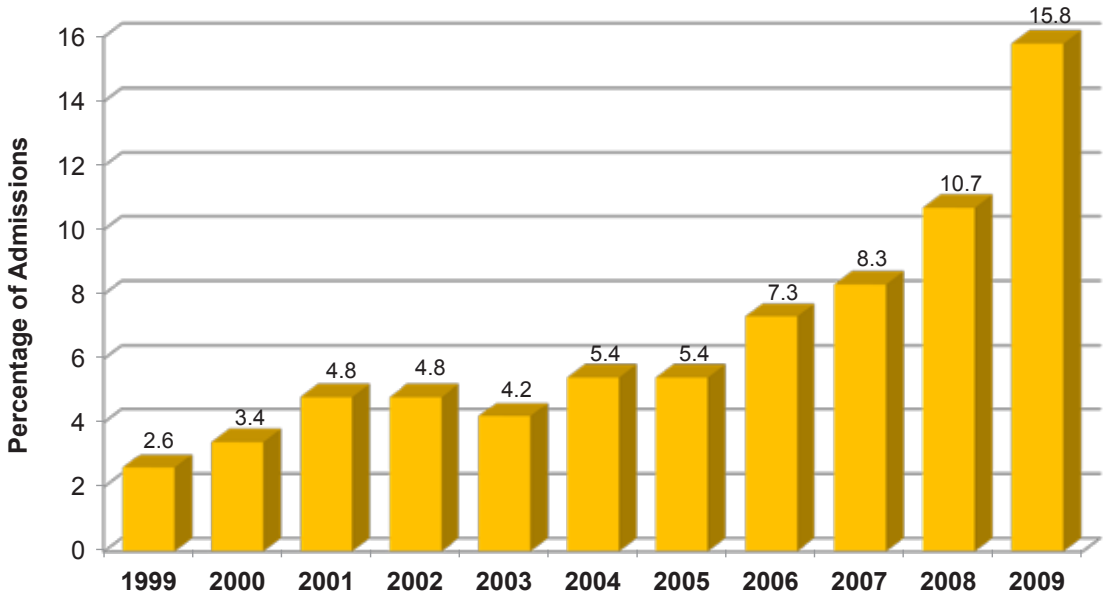



SOURCE: King County treatment admissions data, as reported by Caleb Banta-Green at the June 2011 CEWG meeting

- **Denver Report.** In the Denver metropolitan area, the proportion of primary treatment admissions of clients with primary other opioid abuse increased for clients age 18–34, from 31.5 percent in 2000 to 63.6 percent in 2010.

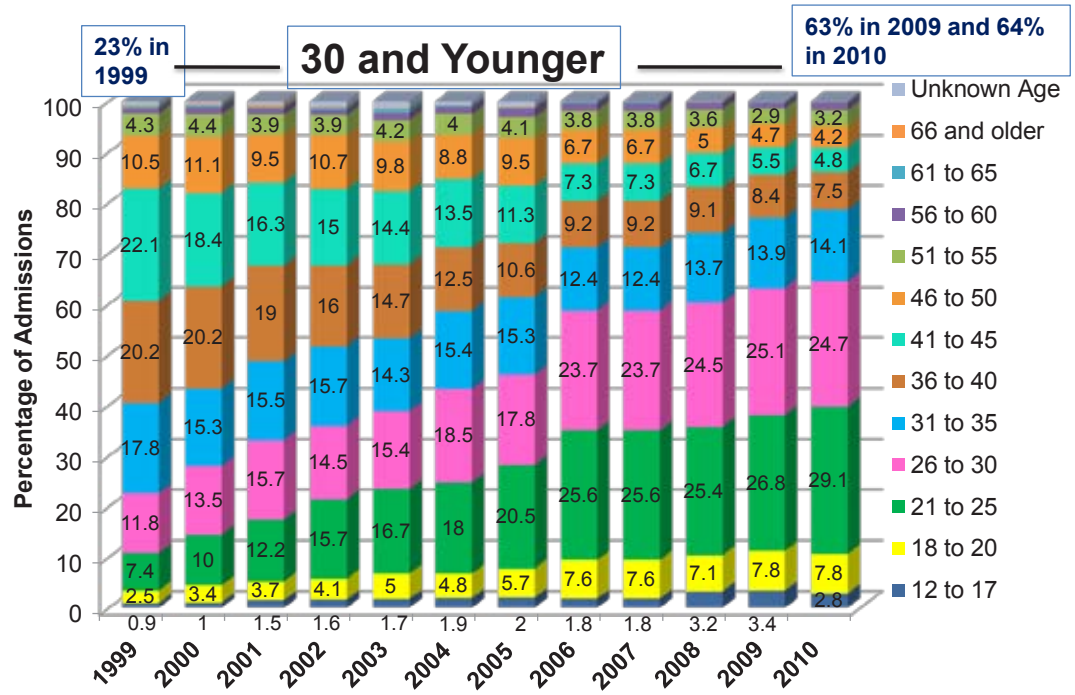
- **South Florida/Miami-Dade and Broward Counties Report.** Figures 11 and 12 show trends in proportions of Florida treatment admissions for prescription opioids from 1999 to 2009. In figure 11, percentages of prescription opioid admissions rose from 2.6 percent of total treatment admissions including primary alcohol admissions in 1999, to 5.4 percent in 2004 and 2005, and 15.8 percent in 2009. Figure 12 shows the increased proportions of other opiate primary admissions in the younger age groups, particularly those in the 21–25 and 26–30 age groups. Opiate admissions among clients 30 and younger rose from 22.6 percent in 1999 to 63.1 percent in 2009 and 64.4 percent in 2010, with corresponding declines in the older age groups.

**Figure 11. Primary Treatment Admissions for Prescription (Rx) Opioids, as a Percentage of Total Admissions for All Substances (Including Primary Alcohol Admissions), Florida: 1999–2009**




SOURCE: *Substance Abuse and Mental Health Services Administration (SAMHSA) – Treatment Episode Data Sets,* submitted by the Florida Department of Children and Families, as of January 6, 2011, as reported by James Hall at the June 2011 CEWG meeting

**Figure 12. Percentage of Primary Prescription (Rx) Opioid Treatment Admissions by Age Group, Florida: 1999–2010[1]**




[1]2010 data are preliminary.
SOURCE: *SAMHSA – Treatment Episode Data Sets,* submitted by the Florida Department of Children and Families, as of January 6, 2011, as reported by James Hall at the June 2011 CEWG meeting

- One example of polysubstance abuse related to other opiates is shown in figure 13, which shows the percentage of other drugs detected (if any were found) in oxycodone-caused deaths in Florida in 2009. The "benzodiazepine" and "other opioid" drug categories were the dominant other drugs detected.

- Figure 14 shows differences in proportions of primary treatment admissions for opiates other than heroin and for heroin itself in Texas–Mexico border and nonborder counties in 2010. Nonborder counties had higher proportions of other opiate admissions (as well as methamphetamine and crack cocaine admissions) than border counties, while similar proportions of admissions for primary heroin problems were found for both border and nonborder counties in 2010.

- While none of the 20 CEWG reporting areas in 2010 ranked other opiates as being first as primary substances of abuse in percentages of total substance abuse **treatment admissions,** other opiates ranked second in Maine and third in South Florida/Broward County and Minneapolis/St. Paul (table 2). Proportions of treatment admissions for primary abuse of opiates other than heroin were highest in Maine and Broward County, where 32.2 and 22.1 percent of primary treatment admissions, respectively, were for other opiate problems (section III, table 11).

- From 2007 through 2010, 15 CEWG areas with data showed increases for the 4-year period in other opiate admissions, ranging from 0.2 percentage points (San Diego) to 6.9 percentage points in Maine and 6.8 in Philadelphia. Proportions of other opiate treatment admissions rose in 17 of the 18 CEWG areas where data were available for 2009 and 2010; in St. Louis, they were stable.

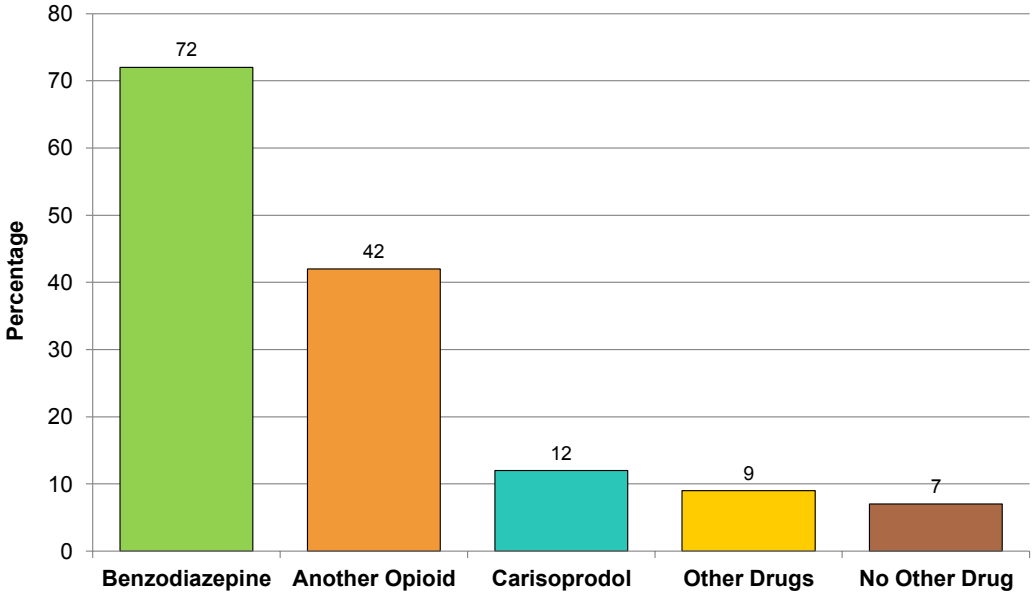
- Of total drug items identified in **NFLIS** forensic laboratories in 23 CEWG areas, oxycodone and hydrocodone often appeared among the top 10 ranked drug items in terms of frequency in 2010. In Atlanta, Maine, and Miami in South Florida, oxycodone ranked third among drug items identified, and it ranked fourth in Boston, Cincinnati, Maryland, and Philadelphia. Hydrocodone ranked fourth in Atlanta and Detroit and fifth in frequency of drug items identified in Cincinnati, St. Louis, San Diego, and Texas (table 1). Maine had the highest percentage of oxycodone drug items identified in 2010, at approximately 10 percent, while Atlanta and Texas showed the highest proportions of NFLIS hydrocodone drug items, at approximately 5 percent each of total drug items identified (section III, table 14 and figures 21 and 22).

- **Buprenorphine.** According to national NFLIS data, buprenorphine increased from the fiftieth most encountered narcotic across the Nation in 2007 to the third most encountered narcotic in 2010, surpassing morphine and methadone. Buprenorphine indicators were generally increasing across all CEWG areas.

    - **Boston Report.** The Boston area representative reported an 87-percent increase over 2009 in the number of drug items seized and identified as buprenorphine in 2010, from 419 to 785 items.

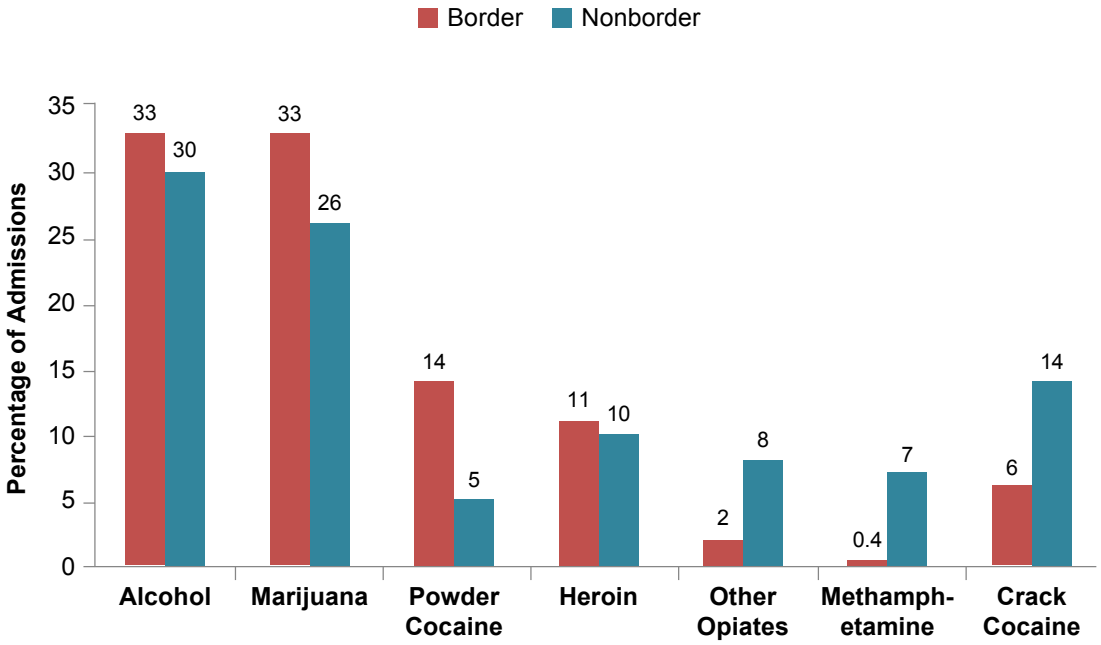
    - **Cincinnati Report.** In Cincinnati, human exposure data collected from the three Ohio poison control centers revealed a total of 247 cases involving buprenorphine in 2010, an increase over 215 cases in 2009 and 122 in 2008.

**Figure 13. Percentage of Other Drugs Detected, by Category of Drug, in 1,185 Oxycodone Deaths, Florida: 2009**




SOURCE: Analysis of 2009 Florida Medical Examiner Commission Complete Electronic Database by Nova Southeastern University Center for Study and Prevention of Substance Abuse, as reported by James Hall at the June 2011 CEWG meeting

**Figure 14. Percentage of Primary Drug Treatment Admissions, for Selected Drugs for United States–Mexico Border and Nonborder Counties, Texas: 2010**




SOURCE: Texas Department of Safety and Health Services, as reported by Jane Maxwell at the June 2011 CEWG meeting

- **Detroit Report.** In 2010, buprenorphine appeared among the top 10 NFLIS drug items seized and identified in Detroit for the first time, ranking 10th (table 1).

- **New York City Report.** In New York City, buprenorphine moved from 10th place among NFLIS items seized and identified in 2009 to 9th place in 2010 (table 1).

- **Maine Report.** The Maine area representative reported that buprenorphine was increasingly available on the streets in that State. Buprenorphine was identified in 6 percent of impaired driver urinalyses in 2009 and 7 percent in 2010, and it was increasingly appearing in drug-induced death data and law enforcement seizures, according to the area representative.

- **Seattle Report.** Buprenorphine indicators increased substantially in the Seattle area in 2010; buprenorphine sales increased, as did buprenorphine substitution treatment slots, from 322 in 2005 to 2,353 in 2010. Buprenorphine appeared for the first time in 2010 in poison control center data for the Seattle area.

- **Texas Report.** The area representative from Texas reported increasing indicators for buprenorphine, with NFLIS drug items identified as buprenorphine increasing from 88 items in 2009 to 127 items in 2010, and calls to the poison control center involving buprenorphine up to 148 in 2010 from 110 in 2009.

- **Baltimore/Maryland/Washington, DC, Report.** The retail distribution of buprenorphine based on ARCOS data in Washington, DC, and Baltimore City increased sharply from 2005 to 2010, according to the area representative (from 2,623 grams in 2005 to 22,290 grams in 2010 in Baltimore City).

- Buprenorphine was seized and analyzed in **NFLIS** forensic laboratories in all 23 reporting CEWG areas in 2010. In 2010, buprenorphine represented 3.4 and 3.3 percent of drugs identified in Maine and Boston, respectively. In Seattle, Baltimore City, Maryland, and New York City, buprenorphine constituted more than 1.0 percent of total drug items seized and identified in 2010. These respective proportions were 2.1, 1.8, 1.6, and 1.1 percent. Based on ranking of drug items identified in the NFLIS system, buprenorphine was among the top 10 drugs identified in 13 of 23 areas, and it ranked fourth among identified NFLIS drug items in Baltimore City and fifth in Boston, Maine, and Maryland (table 1). This compares with 2007, when buprenorphine appeared among the top 10 drug items identified in 3 areas, ranking no higher than sixth in those areas (June 2008 CEWG report).

- **Methadone.** Several CEWG area representatives continued to report on methadone.

  - **Boston, Baltimore/Maryland/Washington, DC, and Maine Reports.** Some methadone indicators increased in Boston and Maryland. In Boston, methadone drug items seized and identified in NFLIS laboratories numbered 96 in 2009 and 160 in 2010. In Maryland, methadone intoxication deaths increased from 135 deaths in 2009 to 172 in 2010. In 2010, methadone-induced deaths constituted 30 percent (*n*=50) of Maine's 2010 drug-induced deaths (up from 26 percent, *n*=47, in 2009).

- **Seattle and Cincinnati Reports.** Stable methadone indicators were reported in Seattle and Cincinnati. Methadone continued to be reported as a contributing factor in some fatal overdoses in the Seattle area, although these overdose deaths declined from 85 in 2009 to 65 in 2010, and methadone sales for chronic pain management and addiction showed a leveling off in 2010. Deaths with methadone detected as present were stable in Cincinnati, at 10 deaths in 2010, compared with 11 in 2009.

- **Detroit, St. Louis, Philadelphia, and Texas Reports.** Methadone-related deaths declined in Detroit, St. Louis, Philadelphia, and Texas. Deaths with methadone positivity declined slightly in Detroit, from 106 decedents in 2009 to 97 in 2010. Eleven deaths with methadone present were reported in St. Louis in 2010; this was a decrease from 19 deaths in 2009. The area representative from St. Louis reported that methadone remained available in that area, due to prescription abuse as well as patient diversion. In Philadelphia, mortality cases with the presence of methadone numbered 82 in 2010, down from 104 in 2009. Deaths involving methadone also declined slightly in Texas, from 183 in 2009 to 178 in 2010.

- New York City, Maine, Atlanta, and San Francisco were the only areas reporting proportions of **NFLIS** drug items containing methadone at 1.0 percent or higher, at 1.3, 1.2, 1.0, and 1.0 percent, respectively (table 14). Methadone ranked 8th among identified drugs in New York City and San Francisco, 9th in Maine, and 10th in Baltimore City and Maryland during this reporting period (section II, table 1).

## Benzodiazepines/Depressants

***Eleven of the 20 CEWG area representatives reporting at the June 2011 meeting included indicator data for benzodiazepines. Indicators for these areas continued to be primarily stable or increasing in 2010. Alprazolam was the most reported misused benzodiazepine, and the one occurring most frequently in indicator data, as in the recent past.***

***Western Region CEWG Areas:***

- **Denver/Colorado and Los Angeles Reports.** Low benzodiazepine indicators were reported in Denver/Colorado and Los Angeles. Benzodiazepine levels were relatively low in the Denver area drug indicator data in 2010 and represented relatively small percentages of primary treatment admissions. In Los Angeles, primary treatment admissions continued to account for less than 1 percent of all admissions in Los Angeles County.

- **Texas Report.** Stable and increasing benzodiazepine indicators were observed in Texas. According to the Texas area representative, the Dallas DEA Field Division reported that alprazolam continued to be one of the most frequently diverted drugs. Its use had increased in Houston, and it was the most common pill mentioned in San Antonio, according to reports from street outreach workers. The number of items seized and identified by NFLIS in Texas increased from 4,755 in 2009 (4.6 percent of all items) to 5,399 in 2010 (5.5 percent of all items). Alprazolam is one of the ingredients in the “Houston Cocktail,” along with hydrocodone and carisoprodol, about which the area representative has reported in the past.

***Midwestern Region CEWG Areas:***

- **Chicago and Cincinnati Reports.** Chicago and Cincinnati area representatives reported increased indicators for benzodiazepines in the current reporting period. Although still low in magnitude, numbers of NFLIS drug items seized and identified as alprazolam in Chicago increased from 321 in 2009 to 372 in 2010. Primary treatment admissions for benzodiazepines/depressants were relatively rare, however, according to the area representative. Indicators for benzodiazepines were reported as high and increasing in Cincinnati, according to the area representative. Although calls to the Cincinnati Drug and Poison Information Center involving alprazolam remained stable, with 359 calls in 2009, compared with 362 calls in 2010, benzodiazepines as a proportion of all drug items analyzed by NFLIS laboratories in Hamilton County increased slightly to 3.1 percent of all items (*n*=426 items) in 2010 from 2.6 percent (*n*=330 items).

***Northeastern Region CEWG Areas:***

- **New York City Report.** Benzodiazepine indicators were reported as increasing in New York City. According to the area representative from New York City, street studies researchers reported that benzodiazepines continued to be widely available and popular in 2010.

- **Boston, Maine, and Philadelphia Reports.** Benzodiazepine indicators were mixed at moderate levels in Boston, Maine, and Philadelphia.

    - **Boston Report.** In Boston, the proportion of benzodiazepines cited as the primary drug among treatment admissions remained relatively low, but the proportion of admissions reporting benzodiazepines as either a primary, secondary, or tertiary drug of abuse was 10 percent in 2008, 11 percent in 2009, and 12 percent in 2010. Helpline calls in the greater Boston area related to benzodiazepines remained stable from 2009 to 2010, at approximately 5 percent of all calls.

    - **Maine Report.** Most indicators for benzodiazepines in the State of Maine were increasing in 2010, including the percentage of law enforcement items seized and identified as benzodiazepines (which showed an increase to 2.8 percent of all items in 2010 from 1.6 percent in 2009).

    - **Philadelphia Report.** Primary treatment admissions for benzodiazepines decreased slightly in number, however, from 86 in 2009 to 74 in 2010. In Philadelphia, the area representative reported that benzodiazepines continued to be used in combination with other drugs, based on treatment admissions, death, and arrestee data, and indicators were mixed in 2010. Primary treatment admissions for benzodiazepines remained stable in Philadelphia in 2010 from 2009 (*n*=694 admissions in 2009 and *n*=738 in 2010). The detection of “any benzodiazepine” in ME data among 35.7 percent of drug-positive decedents was stable from 34.3 percent in 2009. Adult Probation/Parole Department urinalysis data of adults on probation or parole in 2010 revealed the presence of benzodiazepines in 14.7 percent (*n*=335) of all drug-positive tests, compared with 12.7 percent (*n*=296) in 2009, representing the highest percentage in 5 years.

***Southern Region CEWG Areas:***

- **Atlanta Report.** In Atlanta, benzodiazepine indicators were reported as low and stable. There, primary treatment admissions for alprazolam were the most frequent among all benzodiazepines, and proportions of alprazolam admissions were relatively stable at 1.9 percent in 2010 (they constituted 1.2 percent of admissions in 2009). Calls to the crisis line involving alprazolam were low and also relatively stable, at 3 percent of all calls in 2009 and 4 percent in 2010. Numbers of drugs seized and identified as alprazolam by NFLIS laboratories decreased, however, from 583 in 2009 to 436 in 2010.

- **South Florida/Miami-Dade and Broward Counties Report.** Indicators for benzodiazepines were reported as high and mixed in South Florida. Benzodiazepines, and alprazolam in particular, continued as a substantial problem in South Florida, according to the area representative. While deaths remained stable from 2009 to 2010, primary treatment admissions for benzodiazepines in Miami-Dade County increased in number from 1 to 71 admissions from 2009 to 2010, respectively. In Broward County, such admissions increased from 47 in 2009 to 101 in 2010.

***Other Highlights:***

- Benzodiazepine-related primary **treatment admissions** were highest in Philadelphia in 2010, at approximately 5 percent of total admissions among seven reporting areas (section III, table 15). In none of the 23 CEWG areas reporting benzodiazepine admissions were these ranked higher than sixth in 2010 (table 2).

- Atlanta and Texas had the highest percentage of alprazolam drug items identified in **NFLIS** forensic laboratories in 2010, at 4.9 and 5.5 percent, respectively (section III, table 16; figure 23). Alprazolam ranked fourth among the top 10 drug items identified in forensic laboratories in 3 CEWG areas: Miami, New York City, and Texas (table 1).

- Drug items containing clonazepam accounted for 2.7 percent of all drug items in Boston (section III, table 16), where clonazepam figured as the sixth most frequently identified drug in forensic laboratories in 2010 (table 1).

- Diazepam ranked 10th in San Francisco in 2010, but it did not rank among the top 10 most frequently identified in NFLIS forensic laboratories in any other CEWG area in 2010 (table 1).

## Methamphetamine

***Methamphetamine continued in 2010 to be a drug of higher concern in the West than in other regions of the country, based on area representatives' reports. Methamphetamine indicators in all of the CEWG areas in the western region were relatively high compared with other drugs and mostly stable or increasing. All three CEWG areas in the South reported low and either stable or mixed methamphetamine indicators. In the Midwest, methamphetamine indicators were moderate to low and mostly mixed or stable, according to the area representatives. Methamphetamine indicators remained low or very low relative to other drugs in all four CEWG areas in the Northeast.***

***Western Region CEWG Areas:***

- **Honolulu/Hawaii Report.** Methamphetamine has been a problem in Hawaii for 25 years, according to the area representative. In 2010, indicators for methamphetamine in Honolulu/Hawaii remained very high and were mixed. While numbers of methamphetamine-related treatment admissions in the State of Hawaii declined in 2010 (from *n*=3,693 admissions in 2009 to *n*=2,764 in 2010), they still accounted for a higher proportion of primary treatment admissions than any other drug, including alcohol, at one-third of all admissions While methamphetamine-related deaths increased very slightly from 2009 to 2010 (from *n*=73 to *n*=76, respectively), arrests rose from 337 cases in 2009 to 404 cases in 2010 in Honolulu/Oahu.

- **Los Angeles Report.** The area representative from Los Angeles reported that all indicators for methamphetamine—treatment admissions, drug items seized and identified by NFLIS as containing methamphetamine, coroner toxicology cases positive for methamphetamine, and calls to the poison control center involving methamphetamine—increased in 2010 over 2009. According to NFLIS data, 19.3 percent of the items seized and analyzed in Los Angeles County were found to contain methamphetamine/amphetamine, an increase from 16.7 percent in 2009.

- **Phoenix, San Diego, and San Francisco Reports.** Methamphetamine indicators were characterized as high but mixed in Phoenix, San Diego, and San Francisco.

    - **Phoenix Report.** The percentage of methamphetamine primary treatment episodes declined in the Phoenix area from 29 percent in 2007 to 20 percent in 2010. However, they were still tied with heroin/opiates episodes as being the most common illicit drugs associated with treatment episodes in Maricopa County. Amphetamine-related hospital admissions (the majority of which are for methamphetamine) in Maricopa County increased slightly in 2010 to 3,657, from 3,212 admissions in 2009.

    - **San Diego Report.** After years of reporting declining indicators for methamphetamine in San Diego, the area representative reported a leveling off of some indicators, along with increases in other indicators in 2010. Primary methamphetamine treatment admissions continued to account for the highest overall proportion of primary treatment admissions in 2010, at 29.2 percent of all admissions (stable from 2009). A downward trend from 2005 through 2008 in methamphetamine-positive urine tests among arrestees in San Diego County leveled off in 2009. In 2010, these indicators were mixed, with an increase from 2009 for males (from 22 to 25 percent) and a decrease for females (from 38 to 33 percent). Of concern, however, was a spike in amphetamine-related (including methamphetamine-related) overdose deaths in 2010, rising to the highest number of overdose deaths involving amphetamines since a peak in 2005 (*n*=113 deaths in 2010, compared with *n*=88 in 2009).

    - **San Francisco Report.** Indicators remained high in San Francisco; primary treatment admissions for methamphetamine represented 1,031 admissions in FY 2008–2009, compared with 1,015 in FY 2009–2010.

- **Denver/Colorado and Texas Reports.** Methamphetamine indicators were reported as moderate and mixed in Denver/Colorado and Texas.

- **Denver Report.** Methamphetamine remained a drug of concern in the Denver area, according to the area representative, and a decline in methamphetamine indicators in Denver noted in previous reporting periods appeared to stall, with mixed indicators in 2010. Most methamphetamine indicators were stable (including treatment admissions, at approximately 19 percent of all admissions excluding alcohol in 2010), but calls to the poison control center related to methamphetamine increased, while methamphetamine-related deaths decreased. Methamphetamine-related calls to the Rocky Mountain Poison and Drug Center increased from 60 in 2009 to 72 in 2010. While methamphetamine was not among the most common drugs found among Denver-related decedents, it still accounted for 4.8 percent of drug-related deaths in 2009 (down from 7.1 percent in 2008).

- **Texas Report.** After reporting declining indicators for methamphetamine for the first half of 2010 at the January 2011 meeting, the area representative from Texas noted some upward trends in 2010 over 2009. Calls to Texas poison control centers involving human exposure to methamphetamine were down slightly, to 180 calls in 2010, from 190 calls in 2009. However, methamphetamine/amphetamine-involved deaths were up slightly, from 134 deaths in 2009 to 157 in 2010.

- **Seattle Report.** Methamphetamine indicators were stable in the Seattle area, according to the area representative. Treatment admissions were relatively stable at 1,218 in 2010, compared with 1,266 in 2009. Methamphetamine drug overdose deaths were stable in 2010, numbering 15, compared with 13 deaths in 2008 and 19 in 2009.

***Midwestern Region CEWG Areas:***

- **Minneapolis/St. Paul Report.** Moderate and mostly downward trends for methamphetamine indicators were reported in Minneapolis/St. Paul. Although methamphetamine items seized and identified in NFLIS laboratories in the Twin Cities area were the second most frequent drug analyzed (slightly behind marijuana), they represented 24.4 percent of drug items identified in 2009 and 23.7 percent in 2010. Adult male arrestees in Hennepin County testing positive for methamphetamine decreased very slightly also, from 3.6 percent in 2009 to 3.2 percent in 2010.

- **Cincinnati Report.** Although indicators for methamphetamine remained relatively low in the Cincinnati area, according to the area representative, some were observed to be increasing slightly. Clandestine laboratory seizures (most methamphetamine in the Cincinnati area is produced using the one-pot method) were stable from 2009 to 2010 (*n*=348 in 2009 and *n*=350 in 2010), but such seizures rose by 81 percent from 2008 (*n*=198 seizures) to 2010.

- **St. Louis Report.** Most indicators for methamphetamine remained relatively low and stable in the St. Louis area, according to the area representative. There were 382 primary methamphetamine treatment admissions in St. Louis (2.8 percent of all admissions), similar to 2009, when they accounted for 2.5 percent of all admissions. Methamphetamine continued to be identified as a problem in rural areas around St. Louis, where methamphetamine was the drug of choice after alcohol, as reported by providers in rural treatment. The State of Missouri continued to rank first in the country in numbers of clandestine laboratories (*n*=1,960) in 2010. Many of these clandestine laboratories were located in the rural counties around St. Louis.

- **Chicago and Detroit Reports.** Methamphetamine indicators continued at very low levels in Chicago and Detroit, according to the area representatives. Only 0.6 percent of male arrestees at the Cook County Jail in Chicago tested positive for methamphetamine, among the lowest ADAM II sites nationally. Methamphetamine indicators continued also at relatively low levels in Detroit, where there were only 4 treatment admissions for methamphetamine in 2010, 6 calls to the poison control center involving methamphetamine, and 10 deaths with a positive toxicology for methamphetamine (although this compared with 5 deaths in 2009).

***Northeastern Region CEWG Areas***

- All CEWG areas in the Northeast reported low methamphetamine indicators, with low and stable indicators reported in Boston, low and mixed indicators in Maine and New York City, and very low indicators for Philadelphia.

    - **Boston Report.** Indicators for methamphetamine remained low in the Boston area; for example, less than 1.0 percent of all treatment admissions there identified methamphetamine as a primary, secondary, or tertiary drug.

    - **Maine and New York City Reports.** The area representative from Maine reported that the methamphetamine numbers in the State were very small, but they showed a slight increase in 2010. Maine Drug Enforcement arrests for methamphetamine increased from 25 arrests in 2009 to 30 in 2010, and the number of law enforcement seizures identified as methamphetamine rose from 26 in 2009 to 33 in 2010. All indicators for methamphetamine in New York City remained at low levels, as reported by the area representative. Methamphetamine treatment admissions continued to represent only a small fraction of primary admissions in the city, and only 221 out of a total of 51,730 drug items analyzed in New York City in 2010 were identified as methamphetamine.

    - **Philadelphia Report.** Methamphetamine remained a relatively minor drug problem in Philadelphia, according to the area representative. Treatment admissions with the primary problem of methamphetamine were rare, and other indicators showed very low levels.

***Southern Region CEWG Areas:***

- **Baltimore/Maryland/Washington, DC, Report.** Methamphetamine indicators were very low compared with other drugs and mostly stable in the Baltimore/Maryland/Washington, DC, area. The amount of methamphetamine seized by HIDTA initiatives increased in the area from 2009 to 2010, however, due to large seizures of methamphetamine in transit, according to the area representative.

- **Atlanta and South Florida/Miami-Dade and Broward Counties Reports.** Low and mixed methamphetamine indicators were reported in Atlanta and South Florida's Miami-Dade and Broward Counties. Proportions of primary treatment admissions for methamphetamine remained stable in the Atlanta area in 2010 at approximately 6 percent of all admissions (they accounted for 6.1 percent in 2008 and 2009 and 6.7 percent in 2010). After increasing in 2009, the proportion of drugs analyzed as containing methamphetamine by NFLIS laboratories declined to a level close to that of 2008, at 24 percent of all drug items seized and identified. At the same time, self-reported drug use for methamphetamine among male arrestees dropped from 39.2 percent in 2009 to 33.3

percent in 2010. Drugs seized and identified in the Miami MSA as containing methamphetamine decreased in 2010 to 102 cases, from 110 cases in 2009. Numbers of primary treatment admissions related to methamphetamine varied by county, however, with methamphetamine treatment admissions decreasing by 60 percent in Miami-Dade County in 2010, compared with 2009 (from *n*=55 admissions in 2009 to *n*=22 in 2010), while increasing in Broward County (from *n*=20 admissions in 2009 to *n*=34 in 2010).

***Other Highlights:***

- **Methamphetamine in Prisons: Phoenix Report.** The Phoenix area representative noted that there were reports of methamphetamine being smuggled into Arizona prisons in writing paper. A letter is written on a piece of paper, which is then soaked with liquid methamphetamine and dried. The paper is then mailed to the prison or passed to inmates during visitation. The methamphetamine is used by crumbling the paper and then soaking it in water, usually inside a deodorant cap. After some time has passed, the inmate draws the liquid from the deodorant cap into a needle for injection.

- **P2P Process: Texas Report.** The Texas area representative reported that most of the methamphetamine found in Texas in 2010 was produced with the P2P process; this process produced methamphetamine with a purity of 94 percent.

- The proportions of primary **treatment admissions,** including primary alcohol admissions, for methamphetamine in 12 reporting CEWG areas were especially high in Hawaii and San Diego, at approximately 34 and 29 percent, respectively. They were also relatively high in Phoenix, San Francisco, and Los Angeles, with respective percentages of approximately 20, 19, and 16 (section III, table 17).

    - Methamphetamine ranked first in treatment admissions as a percentage of total admissions in Hawaii and San Diego; second in San Francisco; third in Colorado, Denver, and Phoenix; and fourth in Los Angeles (table 2).

    - In all 10 CEWG areas reporting data, smoking was the most common route of administration of methamphetamine among primary treatment admissions (section III, table 18).

    - In the 2-year period from 2009 through 2010, 6 of the 10 CEWG reporting areas with 1.0 percent or more of total admissions experienced increases in primary methamphetamine treatment admissions. Seattle showed the largest increase in methamphetamine admissions (2.4 percentage points) from 2009 to 2010. In Hawaii and Los Angeles, proportions of methamphetamine treatment admissions decreased, by 7.6 and 1.5 percentage points, respectively, while in San Diego, no change was observed for these admissions (section III, table 20). In the 4 years from 2007 to 2010, all but 1 of the 10 reporting areas showed declines in methamphetamine admissions; the largest declines were in Phoenix, Los Angeles, and San Diego, with respective percentage-point declines of 8.8, 6.5, and 6.4, respectively (section III, table 20).

- In 2010, methamphetamine ranked first among all drugs in proportions of **NFLIS** forensic laboratory items identified in Honolulu and San Francisco; second in Atlanta, Minneapolis/St. Paul, Phoenix, San Diego, and Seattle; and third in Colorado, Denver, Los Angeles, and Texas (table 1).

The largest proportions of methamphetamine items identified were reported in Honolulu (approximately 48 percent), followed by San Francisco (approximately 29 percent), and Atlanta and Minneapolis/St. Paul (approximately 24 percent each). In contrast, less than 5 percent of drug items identified as containing methamphetamine were reported in 12 CEWG metropolitan areas east of the Mississippi, including Baltimore City, Boston, Chicago, Cincinnati, Detroit, Maine, Maryland, Miami, New York City, Philadelphia, St. Louis, and Washington, DC (figure 5; section III, figure 24; appendix table 2).

## Marijuana/Cannabis

***Area representatives from all CEWG areas continued to report high levels for marijuana/cannabis indicators in 2010, and the drug continued to be widely available across all areas. Marijuana/cannabis indicators were increasing, stable, or mixed in all areas; no area representative reported declining indicators. Several area representatives reported on the effects of recently implemented medical marijuana/cannabis legislation in their States, including Denver, San Francisco, Washington, DC, Detroit, and Maine. The area representative from Boston continued to report a moderation in indicators due to the effects of a 2009 change in Massachusetts marijuana/cannabis laws that decriminalized possession of 1 ounce or less of marijuana/cannabis, therefore affecting arrests and drug seizure activity.***

***Western Region CEWG Areas:***

- **Seattle Report.** Marijuana/cannabis indicators were very high relative to other drugs in the Seattle area in 2010, according to the area representative. Numbers of treatment admissions for youth were high and stable (*n*=985 admissions in 2010, compared with *n*=970 in 2009). However, numbers of adult treatment admissions for primary marijuana/cannabis were down slightly in 2010 (*n*=1,512 admissions, compared with *n*=1,716 in 2009). NFLIS drug items identified as containing marijuana/cannabis in the Seattle area decreased fourfold in 2010, compared with the prior 3 years. In 2010, 223 items were seized and identified as containing marijuana/cannabis in Seattle, compared with 754 such items in 2007, 827 in 2008, and 922 in 2009.

- **Denver/Colorado, Honolulu/Hawaii, and Phoenix Reports.** Marijuana/cannabis indicators were high and increasing in Denver/Colorado, Honolulu/Hawaii, and Phoenix.

    - **Denver Report.** Excluding alcohol, the number of marijuana/cannabis primary treatment admissions in Denver and statewide in Colorado continued to be the highest of any drug, at 38 percent statewide and 39 percent in the Denver area in 2010. Treatment admissions increased in the Denver metropolitan area in 2010 (from *n*=2,787 admissions in 2009 to *n*=3,133 in 2010), as did the number of marijuana/cannabis-related calls to the Rocky Mountain Poison and Drug Center (rising from *n*=54 calls in 2009 to *n*=107 in 2010) and Denver area marijuana/cannabis-related hospital discharges.

    - **Honolulu/Hawaii Report.** The area representative from Honolulu/Hawaii reported that all indicators for marijuana/cannabis in that area were increasing, and primary treatment admissions for marijuana/cannabis in the State of Hawaii were at their highest level in 5 years (at *n*=2,408 admissions, compared with *n*=2,358 in 2009).

- **Phoenix Report.** All indicators for marijuana/cannabis in the Phoenix area—primary treatment episodes, marijuana/cannabis-related hospital admissions, reported lifetime use of marijuana/cannabis among high school students, and marijuana/cannabis-positive urinalysis tests of male and female arrestees—were high and increasing in 2010. For example, marijuana/cannabis-related hospital admissions in Maricopa County continued an upward trend that began in 2007, increasing from 2,738 admissions in 2007 to 4,267 in 2010.

- **Los Angeles, San Diego, San Francisco, and Texas Reports.** High and mixed marijuana/cannabis indicators were reported in Los Angeles, San Diego, San Francisco, and Texas.

  - **Los Angeles Report.** Although the numbers of primary treatment admissions for marijuana/cannabis were down in 2010, the marijuana/cannabis percentage share of all treatment admissions in Los Angeles County continued its steady 9-year increase since 2001. In 2010, marijuana/cannabis accounted for 24 percent of all primary treatment admissions in the county (it represented 23 percent in 2009). Coroner toxicology cases involving marijuana/cannabis decreased in 2010 in Los Angeles County, but 41 percent of drug items analyzed by NFLIS in the county in 2010 were identified as marijuana/cannabis, an increase over the 38 percent analyzed in 2009.

  - **San Diego Report.** Indicators were similarly mixed in San Diego. Primary treatment admissions for marijuana/cannabis were down slightly in San Diego County (from *n*=2,839 admissions in 2009 to *n*=2,570 in 2010); the proportion of arrestees testing positive for marijuana/cannabis (at 39 percent for adult males and 29 percent for adult females) showed slight increases over their respective 2009 prevalence; and the proportion of drug items seized and identified as marijuana/cannabis by NFLIS decreased slightly (from 51.7 percent of all items in 2009 to 46.2 percent in 2010). Marijuana/cannabis was the leading item analyzed by San Diego County NFLIS laboratories, with more than twice as many items identified as containing marijuana/cannabis as the second leading drug, methamphetamine.

  - **San Francisco Report.** Marijuana/cannabis indicators remained high in the San Francisco five-county bay area, but primary treatment episodes for marijuana/cannabis declined in San Francisco, from 727 treatment episodes in FY 2008–2009 to 651 in FY 2009–2010.

  - **Texas Report.** While some marijuana/cannabis indicators in Texas decreased, calls to the Texas Poison Center Network increased from 448 calls in 2009 to 693 in 2010.

***Midwestern Region CEWG Areas:***

- Marijuana indicators were high and mixed in all CEWG areas in the Midwest.

  - **Chicago Report.** Marijuana/cannabis continued to be the most widely available and used illicit drug in Chicago, according to the area representative. Marijuana/cannabis indicators there were mixed in 2010. In 2010, of arrestees sampled in ADAM II in Chicago, 56 percent tested positive for marijuana/cannabis, the second highest percentage nationally. Although this level of prevalence was somewhat higher than 2007–2009 (44–53 percent), the difference was not statistically significant. Marijuana/cannabis continued to be the most frequently identified drug item by NFLIS laboratories in Chicago, and its percentage share of all drug items increased in 2010 to 59.3 percent, from 58.7 percent in 2009.

- **Cincinnati Report.** In the Cincinnati area in 2010, marijuana/cannabis continued to be reported as both widely available and widely used, according to the area representative. Marijuana/cannabis was the most frequent drug seized and identified by NFLIS laboratories in Hamilton County in 2010, representing 39.6 percent of all drug items analyzed; this represented a decrease, however, from 2009, when 42.3 percent of all items analyzed were marijuana/cannabis. Marijuana/cannabis-related calls to poison control increased from 52 calls in 2009 to 80 calls in 2010. Marijuana/cannabis also accounted for 29.3 percent of all primary treatment admissions (*n*=1,384 admissions) in the Cincinnati area in 2010—continuing to account for more admissions than any other drug except alcohol.

- **Detroit Report.** Marijuana/cannabis also continued to be the most common drug item seized and identified by NFLIS laboratories in Wayne County (Detroit), constituting 49.5 percent of all items in 2010, compared with 48.3 percent in 2009. Calls to the poison control center in Detroit involving marijuana/cannabis were stable in 2010 (*n*=98 calls), compared with 2008 (*n*=99 calls). Proportions of primary treatment admissions for marijuana/cannabis continued to increase, however, in Detroit, from 14.6 to 17.3 percent in 2009 and 2010, respectively.

- **Minneapolis/St. Paul Report.** In Minneapolis/St. Paul, marijuana/cannabis continued to account for more primary treatment admissions than any other drug, with 3,578 admissions (18.3 percent of all admissions) in 2010, although the numbers were slightly down from 2009 (when there were 3,744 primary marijuana/cannabis treatment admissions). The percentage of male arrestees testing positive for marijuana/cannabis increased in the Twin Cities area, from 46.9 percent in 2009 to 53.6 percent in 2010. At 24.1 percent of all drug items seized and identified by NFLIS laboratories, marijuana/cannabis represented the largest proportion of drug items in 2010.

- **St. Louis Report.** The area representative from St. Louis also reported continuing high and mixed indicators for marijuana/cannabis in that area. At 21.5 percent of all admissions in 2010, primary marijuana/cannabis treatment admissions in St. Louis were stable from 2009, when they accounted for 21.3 percent. Marijuana/cannabis continued to be the most frequently identified drug item analyzed by NFLIS laboratories in the St. Louis area; 46 percent of all drug items were identified as marijuana/cannabis. This proportion was down, however, from 2009, when marijuana/cannabis represented 48 percent of all drug items.

***Northeastern Region CEWG Areas:***

- **New York City Report.** Very high and increasing indicators for marijuana/cannabis were reported for New York City in 2010. Primary treatment admissions for marijuana/cannabis in New York City continued the steady increase reported in recent years, and the number of primary admissions for marijuana/cannabis in 2010 was the highest annual number ever reported. Marijuana/cannabis-related treatment admissions increased more than fifteenfold since 1991 (from *n*=1,374 in 1991 to *n*=22,071 in 2010). ADAM II data indicated that 48 percent of male arrestees in Manhattan in 2010 tested positive for marijuana/cannabis; this represented a statistically significant increase compared with 2000, 2007, 2008, and 2009.

- **Maine and Philadelphia Reports.** Marijuana/cannabis indicators were reported as high relative to other drugs and mixed in Maine and Philadelphia. In Maine, primary treatment admissions for

marijuana/cannabis were stable from 2009 to 2010 at approximately 9 percent. Law enforcement seizures tested as containing marijuana/cannabis increased, however, from 7.1 percent of all seizures in 2009 to 9.8 percent in 2010. Marijuana/cannabis has emerged as the leading illicit drug in Philadelphia since 2008, according to the area representative, but marijuana/cannabis indicators for 2010 were mixed. Although marijuana/cannabis ranked first in primary treatment admissions of all drugs mentioned at admission to treatment, the numbers were down from 2009 (there were *n*=3,826 such admissions in 2009 and *n*=3,486 in 2010). Marijuana/cannabis continued to be the drug most frequently detected in urinalysis of adults on probation or parole in Philadelphia, and the percentage in 2010 increased slightly over 2009 (from 37.5 percent in 2009 to 38.4 percent in 2010).

- **Boston Report.** Moderate and mixed indicators for marijuana/cannabis were reported for Boston. After decreasing substantially in 2009 due to legislation in Massachusetts decriminalizing small amounts of marijuana/cannabis, marijuana/cannabis indicators were mixed in Boston in 2010. Class D arrests (mainly marijuana/cannabis) were stable in 2010 at 21 percent, the same proportion as 2009, and primary treatment admissions for marijuana/cannabis were the same in 2010 as 2009 at approximately 4.0 percent of all admissions. Numbers of marijuana/cannabis-related calls to the helpline in the greater Boston area were up very slightly from 107 in 2009 to 123 in 2010, and drug items seized and identified as marijuana/cannabis in NFLIS laboratories increased from 4,249 items (24.4 percent of all items analyzed) in 2009 to 5,960 items (25.2 percent of all items analyzed) in 2010.

***Southern Region CEWG Areas:***

- **Baltimore/Maryland/Washington, DC, Report.** All marijuana/cannabis indicators were high relative to other drugs and were increasing throughout the Baltimore/Maryland/Washington, DC, area, according to the representative. Drugs seized and identified as containing marijuana/cannabis by NFLIS laboratories have been steadily increasing, and in 2010, marijuana/cannabis was the most frequently identified drug in Baltimore City, Maryland, and Washington, DC (at 39.7 percent of all drug items analyzed in Baltimore City; 49.7 percent in the State of Maryland; and 37.4 percent in Washington, DC). Local production of marijuana/cannabis (both indoor and outdoor operations) has historically been limited in both Maryland and Washington, DC, according to the W/B HIDTA Threat Assessment Annual Reports; however, in 2010, 500 plants were seized in 12 grow operations (11 of these were in Maryland).

- **Atlanta Report.** Marijuana/cannabis indicators continued at high levels compared with other drugs, but they were seen as stabilizing in the Atlanta area in 2010. After increasing in 2009 over 2008 numbers, primary treatment admissions for marijuana/cannabis (excluding alcohol) were stable at approximately 24 percent. This percentage remained the highest of all drugs excluding alcohol.

- **South Florida/Miami-Dade and Broward Counties Report.** In the South Florida area, indicators of consequences of marijuana/cannabis use and addiction continued at high levels, but were mixed, according to the area representative. Drugs seized and identified as containing marijuana/cannabis by NFLIS laboratories in the Miami MSA in 2010 represented 21.3 percent of all drug items, compared with 19.0 percent in 2009. Marijuana/cannabis was the second most frequently identified drug after cocaine in the NFLIS system for Miami. Primary treatment admissions for

marijuana/cannabis numbered more than those for any other substance, including alcohol, but they decreased from 2009 to 2010 in both Miami-Dade and Broward Counties (from *n*=2,118 to *n*=1,741 in Miami-Dade County and from *n*=2,030 to *n*=1,689 in Broward County, respectively).

***Other Highlights:***

- **Marijuana/Cannabis Legislation in CEWG Areas.** Several CEWG area representatives, including those from Boston, Denver, Detroit, Maine, and San Francisco, reported on marijuana/cannabis legislation in their areas.

  - **Boston Report.** Massachusetts adopted a new marijuana/cannabis law in 2009 that decriminalized possession of small amounts of marijuana/cannabis (up to 1 ounce). The CEWG area representative noted that due to this change in law, both Class D drug (mainly marijuana/cannabis) arrests and marijuana/cannabis drug items seized and identified by NFLIS laboratories decreased substantially in 2009 and 2010, compared with 2008. For example, marijuana/cannabis-positive samples among all drug items seized and identified in forensic laboratories fell from 43 percent in 2008 to 24 percent in 2009 and 26 percent in 2010. Class D arrests (mainly marijuana/cannabis) fell from 35 percent of all arrests in 2008 to 21 percent in both 2009 and 2010.

  - **Denver Report.** The Denver area representative continued to report a concern over the large influx of medical marijuana/cannabis dispensaries resulting from medical marijuana/cannabis legislation in Colorado. An increasing number of dispensaries were seen as contributing to an increase in availability and acceptability of marijuana/cannabis use, according to the area representative.

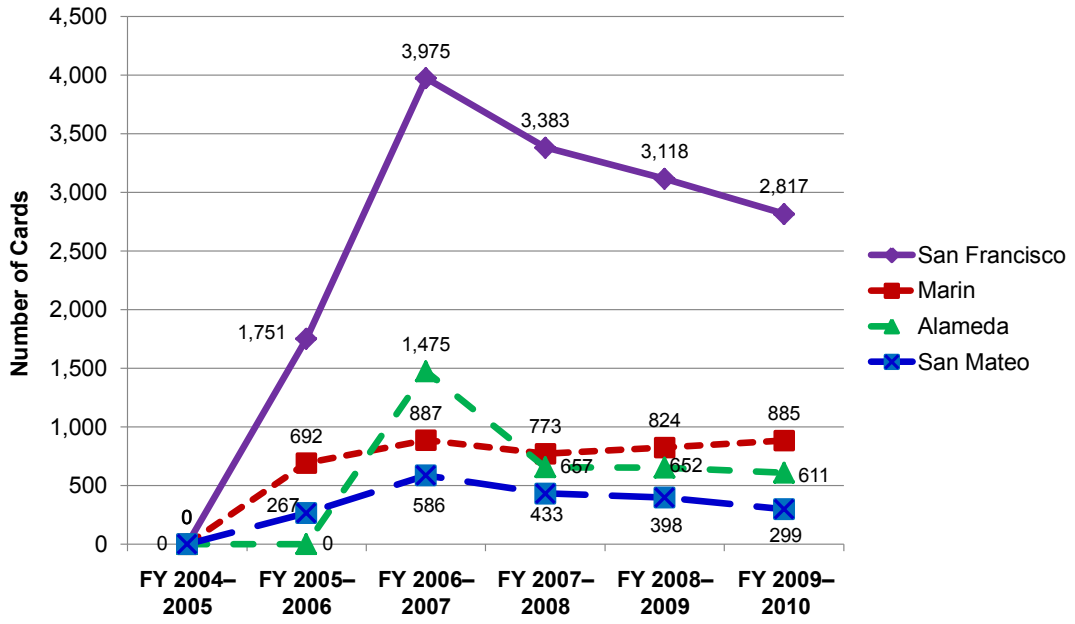
  - **Detroit Report.** Michigan voters approved a Medical Marihuana referendum in 2008, which was implemented in 2009. In 2010, according to the area representative, there were media reports of arrests of owners of dispensaries and growing operations; however, they had not been tried in court as of June 2011.

  - **Maine Report.** Marijuana/cannabis indicators in the State of Maine were affected by a new medical marijuana/cannabis law and the licensing of marijuana/cannabis distributers; it was suggested by the area representative that arrests would decrease substantially in 2011.

  - **San Francisco Report.** Since the implementation of medical marijuana/cannabis legislation in the State of California in 1996, the San Francisco area representative reported that San Francisco County had issued the largest number of medical marijuana/cannabis cards by a wide margin (figure 15).

- Primary marijuana **treatment admissions** as a percentage of total admissions, including primary alcohol admissions, were highest in 2010 in Miami/Dade County (38.3 percent) and Broward County (33.3 percent). The lowest proportions of such admissions were in Boston (4.0 percent) (section III, table 21).

**Figure 15. Number of Medical Marijuana Identification Cards Issued by Volume in Four San Francisco Bay Area Counties, California: FYs 2004–2005 Through 2009–2010[1]**




[1]Partial data from FY 2010 to FY 2011 showed 1,834 cards for San Francisco County, 571 for Marin County, 369 for Alameda County, and 257 for San Mateo County.
SOURCE: As reported by Alice Gleghorn at the June 2011 CEWG meeting: *http://www.cdph.ca.gov/programs/MMP/Documents/MMP%20County%20FY%20Card%20Count.FY2010_11.pdf%20May%2017.pdf*

- Marijuana ranked first as the primary substance abuse problem among total substance abuse treatment admissions in 4 of 22 CEWG areas; these were Miami/Dade and Broward Counties, Philadelphia, and Los Angeles. Marijuana ranked second among primary drugs of admission in eight additional areas: Atlanta, Cincinnati, Colorado, Denver, Minneapolis/St. Paul, New York City, Seattle, and Texas (table 2).

- Increases in percentages of primary marijuana treatment admissions, including alcohol admissions, occurred in 13 of 19 CEWG reporting areas from 2009 to 2010, although only 3 (Baltimore City, New York City, and Phoenix) approached or exceeded 2 percentage points. Over the 4 years from 2007 to 2010, primary marijuana treatment admissions increased in 12 of the 19 areas, with the largest increases noted for New York City and Los Angeles (at approximately 6 percentage points each), followed by Hawaii and Phoenix (at approximately 4 percentage points each) (section III, table 23). Declines in marijuana admissions were observed for four areas, Atlanta, Boston, Detroit, and Maine, with the decreases for Atlanta and Maine at 2.5 and 1.5 percentage points, respectively, over the 4-year period (section III, table 23).

- Cannabis/marijuana ranked in either first or second place in frequency in the proportion of **NFLIS** drug items identified in forensic laboratories in 2010 in 22 of the 23 CEWG areas. Cannabis ranked in first place among identified drugs in 14 of 23 CEWG areas in this reporting period: Baltimore City, Maryland, and Washington, DC, in the South; Boston and Philadelphia in the Northeast; Chicago, Cincinnati, Detroit, Minneapolis/St. Paul, and St. Louis in the Midwest; and Los Angeles,

Phoenix, San Diego, and Texas in the West. It ranked second in eight areas: Miami in the South; Maine and New York City in the Northeast; and Colorado, Denver, Honolulu, San Francisco, and Seattle in the West. It ranked seventh in Atlanta (table 1). The highest proportion of marijuana items identified in the NFLIS system was in Chicago, at approximately 59 percent (figure 5; section III, figure 25; appendix table 2).

## MDMA/Ecstasy and Other Club Drugs, Including MDA, GHB, and Ketamine

### MDMA/Ecstasy

***As in previous recent reporting periods, MDMA (3,4-methylenedioxymethamphetamine) indicators were low in 2010 across all CEWG regions, compared with most other drug indicators. However, MDMA continued to be reported as a persistent problem in several CEWG areas, according to area representatives. Upward trends for MDMA indicators were cited by area representatives from Cincinnati, Denver/Colorado, Los Angeles, New York City, Phoenix, and San Diego, and mixed indicators (some up, some stable, and some down) were reported by area representatives for Texas, Chicago, and Maine. Indicators were generally stable in San Francisco, Seattle, and South Florida/Miami-Dade and Broward Counties; they were low and stable in the Baltimore/Maryland/Washington, DC, area; and they were declining in Atlanta and Minneapolis/St. Paul, according to the area representatives. Some area representatives reported fewer adulterants and a return to a higher MDMA content in ecstasy tablets in the current reporting period.***

***Western Region CEWG Areas:***

- **Denver/Colorado, Los Angeles, Phoenix, and San Diego Reports.** Low but increasing indicators for MDMA were reported in Denver/Colorado, Los Angeles, Phoenix, and San Diego.
    - **Denver Report.** MDMA indicators remained relatively low in the Denver metropolitan area. However, numbers of primary treatment admissions for club drugs (Rohypnol®, ketamine, GHB, and MDMA grouped together) nearly doubled in the Denver area to 63 admissions in 2010, from 35 in 2009.
    - **Los Angeles Report.** Similarly, percentages of primary treatment admissions for the same group of club drugs were very low in Los Angeles County, but they also increased slightly (from 0.3 percent in 2009 to 0.6 percent in 2010). Drug items analyzed by NLFIS laboratories in Los Angeles County and identified as MDMA increased in 2010 to 4.3 percent of all items (they constituted 2.9 percent in 2009).
    - **Phoenix Report.** In Phoenix, drugs seized and identified as MDMA by NFLIS laboratories remained low but increased from 91 (1.4 percent of all items analyzed) in 2009 to 181 (1.9 percent of all items analyzed) in 2010.
    - **San Diego Report.** Similarly, drug items analyzed as MDMA in NFLIS laboratories were low in the San Diego area, but they increased from 2009 to 2010, from 396 items (1.9 percent of all items analyzed) to 538 items (2.5 percent of all items), respectively.

- **San Francisco and Seattle Reports.** Low and stable MDMA indicators characterized San Francisco and Seattle. MDMA persisted in Washington State, according to the Seattle area representative, although indicators continued to be low relative to other drugs in 2010. BZP as an adulterant to ecstasy tablets appeared to be decreasing, according to the area representative. MDMA seizures at the northern border with Canada reported at previous CEWG meetings continued into 2010. While most indicators (e.g., number of primary treatment admissions) for MDMA and other club drugs remained low and generally stable in the San Francisco area, the representative reported that increases in MDMA-involved ED visits should be monitored in future reporting periods.

- **Texas Report.** The 2010 Texas secondary school survey reported an increase in prevalence of student lifetime ecstasy use in 2010, yet calls involving ecstasy to the Texas Poison Control Network dropped to 272 calls in 2010 from 310 in 2009.

***Midwestern Region CEWG Areas:***

- **Chicago, Cincinnati, and Minneapolis/St. Paul Reports.** Low to moderate MDMA indicators were reported in Chicago, Cincinnati, and Minneapolis/St. Paul.

    - **Chicago Report.** The Chicago area representative reported stable and continuing MDMA use in low-income African-American neighborhoods in that area. Drug items seized and identified in Chicago as containing MDMA remained stable in 2010, at 1.6 percent of all items analyzed, the same percentage as in 2009.

    - **Cincinnati Report.** Qualitative data in the Cincinnati area indicated that MDMA availability remained at a relatively moderate level in 2010. Poison control data showed a total of 20 intentional abuse exposures to MDMA in 2010, compared with 17 such exposures in 2009. NFLIS drug Items seized and identified as containing MDMA by Hamilton County forensic laboratories declined, however, from 167 items in 2009 to 79 items in 2010.

    - **Minneapolis/St. Paul Report.** MDMA maintained a presence in the Minneapolis/St. Paul area, with 252 MDMA items analyzed in NFLIS laboratories in 2010 (4.3 percent of all items), compared with 212 or 4.7 percent of all items in 2009. Calls to the Hennepin County Regional Poison Center also declined, from 63 calls in 2009 to 38 in 2010.

- **Detroit and St. Louis Reports.** The area representatives from Detroit and St. Louis reported that MDMA ranked very low in all indicators relative to other drugs in those areas.

***Northeastern Region CEWG Areas:***

- **New York City Report.** Although levels of MDMA were still reported as low in New York City, some indicators were increasing. In 2010, for example, 1,134 items were seized and identified as containing MDMA, representing 2.2 percent of all items, compared with 910 items (1.7 percent of all items analyzed) in 2009. In 2007, MDMA accounted for only 0.5 percent of all analyzed items.

- **Boston, Maine, and Philadelphia Reports.** Area representatives from Boston, Maine, and Philadelphia reported very low levels of MDMA indicators. In Boston, MDMA represented less than 1 percent of primary treatment admissions, calls to the helpline, and drug items analyzed by NFLIS

laboratories. There were only three calls to the Boston area helpline related to MDMA in 2010, compared with six in 2009. MDMA indicator levels were very low in Maine, although the number of MDMA arrests increased from 6 in 2009 to 25 in 2010. Levels of MDMA were similarly reported as very low in the Philadelphia area.

***Southern Region CEWG Areas:***

- **Atlanta and Baltimore/Maryland/Washington, DC, Reports.** MDMA indicators were reported as low or very low in relation to other drugs and decreasing in Atlanta and the Baltimore/Maryland/Washington, DC, area. All available indicators for MDMA decreased in Atlanta in 2010. Only five individuals reported MDMA as their primary drug of abuse when entering public substance abuse treatment, and MDMA accounted for only approximately 2 percent (*n*=181) of drug items analyzed by NFLIS in 2010. Although MDMA appeared in indicator data in the Baltimore/Maryland/Washington, DC, area, MDMA levels were relatively very low, according to the area representative.

- **South Florida/Miami-Dade and Broward Counties Report.** The South Florida area representative reported that indicators for MDMA have stabilized at relatively low numbers in recent years in the area. Ecstasy pills were often adulterated with other drugs, however, usually without MDMA. BZP was increasingly reported in ecstasy pills in the South Florida/Miami-Dade and Broward Counties area.

***Other Highlights:***

- MDMA was the club drug most frequently reported among **NFLIS** data in the 23 CEWG areas in 2010 (section III, table 24). MDMA was the fourth most frequently identified drug item analyzed by NFLIS in Chicago, Honolulu, Minneapolis/St. Paul, and San Francisco in 2010. It ranked fifth in Colorado, Denver, and Los Angeles (table 1).

**MDA**

- MDA (3,4-methylenedioxyamphetamine) was reported among the drug items identified in 15 of 23 areas in 2010: Atlanta, Baltimore City, Boston, Chicago, Colorado, Denver, Honolulu, Maryland, New York City, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, and Texas, although numbers were low in all cases (section III, table 25).

**GHB**

- GHB (gamma hydroxybutyrate) became a federally controlled Schedule I drug in 2000, and GHB indicators have declined in most CEWG areas since that time.

    - **South Florida/Miami-Dade and Broward Counties and Texas Reports.** The abuse of GHB has declined substantially in recent years in the South Florida area, according to that representative. Anecdotal reports surfaced, however, in 2011 of 1,4-BD (1,4-butanediol), a compound converted by the human body to GHB, being used in drug-facilitated sexual assaults, according to the area representative. The area representative from Texas reported that GHB remained low among drug indicators, but it continued to be mentioned by clients entering treatment programs in combination with methamphetamine. Of those clients who

came to treatment in Texas with a problem with GHB, 57 percent reported that methamphetamine was their primary problem.

- GHB was identified among drug items analyzed in **NFLIS** forensic laboratories in 16 of 23 CEWG areas in 2010, including Atlanta, Boston, Chicago, Colorado, Denver, Los Angeles, Maryland, Miami, New York City, Philadelphia, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, DC (section III, table 25).

**Ketamine**

- Ketamine indicators remained low across all CEWG areas.
- Ketamine was identified in the **NFLIS** system in 2010 in 20 of 23 CEWG areas, in all but Cincinnati, Minneapolis/St. Paul, and Washington, DC (section III, table 25). Ketamine did not appear among the top 10 most frequently identified drug items in any CEWG area (table 1).

## PCP (Phencyclidine)

***Although PCP (phencyclidine) indicators were low relative to other drugs in most CEWG areas in 2010, PCP remained a drug of concern in New York City and Philadelphia in the northeastern CEWG region, and in the southern region in the Baltimore/Maryland/Washington, DC, area. It continued to appear in indicators in several other CEWG areas, across all CEWG regions, including Chicago, Detroit, Los Angeles, St. Louis, and Texas, as reported by those CEWG area representatives.***

***Western Region CEWG Areas:***

- **Los Angeles Report.** PCP indicators were reported as low and stable in the Los Angeles area, but PCP continued to rank among the top 10 drugs in that area analyzed by NFLIS laboratories in 2010 (*n*=444 items, constituting 1.0 percent of all items analyzed, stable from 2009).
- **Texas Report.** An increase in some PCP indicators in Texas was a cause for concern in 2010, according to the area representative. Calls to the Texas Poison Control Network involving PCP numbered 141 calls in 2010, up from 118 in 2009. Drug items seized and identified as containing PCP by the Texas Department of Public Safety numbered 195 and 205 in 2009 and 2010, respectively.

***Midwestern Region CEWG Areas:***

- **Chicago and Detroit Reports.** Qualitative information in both Chicago and Detroit indicated that although PCP indicators in those areas remained relatively low, its presence continued, according to area representatives. Street reports in Chicago indicated that PCP use was fairly common in some neighborhoods, while calls to the poison control center in Detroit indicated a PCP "comeback" in early 2011, as noted by the area representative.

- **St. Louis Report.** The St. Louis area representative reported that although PCP was not seen in quantity, it remained present in most indicator data and continued as an indigenous drug of choice in Kansas City and St. Louis.

***Northeastern Region CEWG Areas:***

- **New York City and Philadelphia Reports.** PCP indicators increased in New York City and Philadelphia. PCP moved up in rank in New York City among the top 10 NFLIS drug items identified in forensic laboratories in that area, from eighth to seventh place, from 2009 to 2010, respectively. Numbers of primary treatment admissions for PCP in Philadelphia have been increasing since 2007. These admissions numbered 649 in 2010, compared with 583 in 2009. PCP continued to be used as an additive to marijuana blunts in the Philadelphia area, as reported by the area representative.

***Southern Region CEWG Areas:***

- **Baltimore/Maryland/Washington, DC, Report.** PCP continued to be a drug of concern in the area, particularly in Washington, DC, according to the area representative. Indicators in both Maryland and Washington, DC, were stable in 2010. In Maryland, for example, numbers of primary treatment enrollments for PCP were stable from 2009 to 2010, at 572 enrollments. In Washington, DC, the percentage of adult arrestees testing positive for PCP remained stable, at approximately 10 percent in 2009 and 2010.

***Other Highlights:***

- As a percentage of all identified items, PCP **NFLIS** items were highest in Washington, DC, at 6.4 percent, followed by Philadelphia, at 1.9 percent; Miami, at 1.6 percent; and Los Angeles, at 1.0 percent (section III, table 25; appendix table 2).

- PCP was among the top 10 most frequently identified drug items in 7 of 23 CEWG areas in 2010. In Washington, DC, PCP ranked fourth as the most frequently identified drug item in forensic laboratories in 2010. PCP was also among the top 10 drug items identified in Philadelphia, where it ranked sixth. In 2010, PCP ranked 7th in Los Angeles, Maryland, and New York City; 8th in Chicago; and 10th in Seattle (table 1).

## Other Drugs

Polysubstance abuse, noted in previous CEWG reporting periods, persisted across all CEWG areas, and high levels of alcohol abuse relative to other drugs continued to be noted for several CEWG areas.

**BZP**

- **BZP** (1-benzylpiperazine) is a synthetic stimulant that is illegal and has no accepted medical use in the United States. BZP continued to be reported in several CEWG areas across all CEWG regions (Atlanta, Chicago, Cincinnati, Denver, Detroit, New York, City, Maine, Miami, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, Seattle, Texas, and Washington, DC). BZP was permanently

controlled in 2004 as a Schedule I substance under the Controlled Substances Act, and it is often taken in combination with TFMPP (1-(3-trifluoromethylphenyl)piperazine). Several CEWG area representatives reported stable or increasing BZP indicators based mainly on NFLIS and poison control center data in 2010, including Texas in the West; Atlanta in the South; Minneapolis/St. Paul in the Midwest; and New York City in the Northeast. Decreases in some indicators were reported by area representatives in Chicago, Cincinnati, St. Louis, and Seattle.

- **Atlanta, Minneapolis/St. Paul, New York City, and Texas Reports.** Increases in NFLIS drug Items identified were reported in 2010 in Atlanta, Minneapolis/St. Paul, New York City, and Texas. In Atlanta, drug items seized and identified as BZP by NFLIS laboratories doubled from 31 in 2009 to 63 in 2010. BZP emerged as a drug of concern in the Minneapolis/St. Paul area in 2010, ranking among the NFLIS top 10 drugs analyzed there for the first time. In New York City, BZP increased in numbers of drug items analyzed by NFLIS laboratories from 7 items in 2008, to 250 in 2009, to 361 items in 2010. The Texas area representative reported continuing increases in drug items identified as containing BZP by the Texas Department of Public Safety laboratories; 528 items contained BZP in 2010, compared with 436 in 2009.

- **Chicago, Cincinnati, and St. Louis Reports.** Decreases in NFLIS drug items identified as containing BZP were reported in Chicago, Cincinnati, and St. Louis. In Chicago, the number of drug items seized and identified as containing BZP by NFLIS laboratories declined in 2010 to 542 samples from 1,188 in 2009. This followed a series of yearly increases, from 15 in 2007, to 380 in 2008, to 1,188 in 2009. A similar decline was shown in Cincinnati, where NFLIS items identified as containing BZP totaled 68 in 2010, down from 156 in 2009. In 2009, BZP ranked fifth among the top 10 drugs seized and identified by NFLIS laboratories in St. Louis, with 419 drugs analyzed. In 2010, BZP fell from the top 10 NFLIS ranking in that area, with 149 items analyzed and identified as containing BZP.

- In 2010, BZP ranked among the top 10 drugs identified in the **NFLIS** system in 8 of 23 areas. It ranked fifth in two areas (Chicago and Washington, DC); eighth in one (Detroit); and ninth in five (Denver, Maine, Miami, Minneapolis/St. Paul, and Texas) (table 1).

## TFMPP

- **TFMPP**[11] or 1-(3-trifluoromethylphenyl)piperazine is a synthetic substance with no accepted medical use in the United States that is used for its hallucinogenic effects. Often taken in combination with BZP as a substitute for MDMA, TFMPP is currently not a DEA-controlled substance.

- TFMPP was identified among **NFLIS** drug items seized and analyzed in 11 of the 23 reporting areas in 2010: Atlanta, Boston, Chicago, Honolulu, Los Angeles, Miami, Phoenix, St. Louis, San Diego, Texas, and Washington, DC (section III, table 25, footnote 1). In 2010 forensic laboratory data, TFMPP ranked 10th in frequency among drug items identified in Atlanta (table 1).

[11]More information on TFMPP can be found in the Federal Register Notice 68 FR 52872.

## Carisoprodol

- **Carisoprodol** is a muscle relaxant and central nervous system depressant that is available by prescription as Soma®[12]. It is not controlled on the Federal level, but several States have scheduled Soma® as a controlled substance (Alabama, Arizona, Arkansas, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Nevada, New Mexico, Oklahoma, Oregon, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wyoming).
    - In Texas, calls related to carisoprodol to poison control centers decreased from 428 in 2009 to 374 in 2010. Drug items seized and identified by NFLIS laboratories as carisoprodol increased, however, in Texas, from 1,010 drug items (1.0 percent of all items) in 2009 to 1,453 items (1.5 percent) in 2010.
    - Carisoprodol was identified among **NFLIS** drug items seized and analyzed in 17 of 23 reporting areas in 2010; it was not identified in 6 areas (Baltimore City, Colorado, Denver, New York City, Philadelphia, and Washington, DC) (section III, table 25). In 2010, drug items containing carisoprodol ranked among the top 10 NFLIS drug items identified in NFLIS laboratories in Texas (7th, with 1.5 percent of all items identified), Phoenix (9th, with 1.0 percent of all items), and Honolulu (10th, with 0.4 percent of all drug items identified) (table 1; appendix table 2).

## Levamisole

- Six area representatives—from Denver, Detroit, Maine, Seattle, Philadelphia, and Texas—reported on levamisole as an adulterant in cocaine being present in indicators in 2010 (see section on cocaine). Levamisole, a veterinary drug used to control parasites in livestock, is used as a cutting agent with cocaine. Not available for human use in the United States, use of levamisole can lead to an autoimmune disorder, agranulocytosis (or neutropenia), in which there is a marked decrease in white blood cells.

## Salvia divinorum

- **Salvia divinorum**[13] is a perennial herb that produces short-acting hallucinogenic effects when chewed, smoked, or brewed in tea. It is available on the Internet and is favored by adolescents. It is not currently scheduled at the national level, but some States control it as a Schedule I drug. Two area representatives, from Minneapolis/St. Paul and Philadelphia, noted the presence of Salvia divinorum in their areas. Legislation was pending as of May 2011 in Pennsylvania to add Salvia divinorum to the Controlled Substances Act as a Schedule I drug. Effective August 1, 2010, the sale or possession of substances containing Salvia divinorum in Minnesota became a gross misdemeanor. The Hennepin Regional Poison Center reported six Salvia exposures in 2009 and three in 2010.

[12]More information about carisoprodol and Soma® can be found at http://www.nlm.nih.gov/medlineplus/druginformation.html.
[13]More information about Salvia divinorum can be found at: http://www.nlm.nih.gov/medlineplus/medlineplus.html.

## Psilocin/Psilocybin

- **Psilocin/psilocybin,** a hallucinogen, ranked among the top 10 drugs identified in the **NFLIS** system in 2010 in three CEWG areas, ranking eighth in Colorado and Denver and ninth in Los Angeles (table 1). Psilocin/psilocybin was reported among drug items seized and identified in forensic laboratories in 22 of 23 CEWG areas in 2010; the exception was Honolulu (section III, table 25).

## Khat (Cathinone/Cathine)

- **Khat**[14] is a plant indigenous to East Africa and the Arabian Peninsula. It is used for its stimulant effects in East Africa and the Middle East. It has maintained a persistent presence within the Somali immigrant community in the Minneapolis/St. Paul area, according to the area representative. Its active ingredients, cathinone and cathine, are controlled substances in the United States. Cathinone, a Schedule I drug, is present only in the fresh leaves of the flowering plant and converts to the considerably less potent cathine in approximately 48 hours. Users chew the leaves, smoke it, or brew it in tea, according to the Minneapolis representative.

- **Cathinone** was identified in **NFLIS** data in 18 of 23 CEWG areas in 2010. Minneapolis/St. Paul had the highest percentage of drug items containing cathinone, at 1.8 percent. As a proportion of total drug items identified, this figure has increased from 0.2 percent in 2007, to 0.6 percent in 2009. Cathinone ranked seventh in Minneapolis/St. Paul in 2010 among the most frequently seized and identified drugs in the NFLIS laboratory system (table 1).

## Foxy Methoxy (5-Methoxy-N, N-diisopropyltryptamine, or 5-MeO-DIPT)

- **Foxy Methoxy**[15] is a synthetic substance abused for its hallucinogenic effects. It is illegal in the United States and is controlled as a Schedule I substance under the Controlled Substance Act.

    - The only three CEWG areas in which Foxy Methoxy drug items were identified in **NFLIS** data in 2010 were Chicago, Phoenix, and Texas, with 22, 2, and 2 items, respectively (section III, table 25, footnote 1).

## Quetiapine

- **Quetiapine and quetiapine fumarte,** antipsychotic drugs marketed as Seroquel®[16], did not rank among the top 10 drug items identified in any of the 23 CEWG areas for 2010 (table 1).

## Gabapentin

- **Gabapentin**[17]**,** sold under the brand names Neurontin® and Gabarone®, appeared for the first time among the top 10 identified **NFLIS** drugs in any CEWG area in 2010, ranking ninth in Boston. The drug, a central nervous system depressant, is not a scheduled drug under the Federal Controlled Substances Act.

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[14]More information about khat and cathinone can be found at: http://www.nida.nih.gov/Infofacts/khat.html.
[15]More information on 5-MeO-DIPT can be found at: http://www.deadiversion.usdoj.gov/drugs_concern/5meodipt.htm.
[16]More information about quetiapine and Seroquel® can be found at: http://www.nlm.nih.gov/medlineplus/druginformation.html.
[17]More information on gabapentin can be found at: http://www.nlm.nih.gov/medlineplus/druginformation.html.

# Spotlight on New Synthetic or "Designer" Drugs (Synthetic Cannabinoids and Cathinones)

## Synthetic Cannabinoids

- **Synthetic (or designer) cannabinoids**[18] have been detected in products marketed under various names, including "Spice" and "K2." These synthetic cannabinoids bind to the same receptors in the body as THC (tetrahydrocannabinol), the primary psychoactive component of marijuana. Some of these compounds, however, bind more strongly to the receptors, which could lead to much more powerful and unpredictable effects. These compounds have not been fully characterized for their effects and their toxicity in humans. Use of products containing synthetic cannabinoids have been linked to ED visits and calls to poison centers. The Drug Enforcement Administration emergency scheduled five of the synthetic cannabinoids (JWH-018, JWH-073, JWH-200, CP-47,497, and CP-47,497 C8 homologue) in March 2011 under the Controlled Substances Act to avoid an imminent hazard to public safety.

- CEWG representatives from the following areas reported on poison control center calls on synthetic cannabinoids and related products.

    - **Cincinnati Report.** Calls to the Cincinnati Drug and Poison Control Information Center for exposure to synthetic cannabinoids showed substantial increases in 2010 and early 2011. From November 2010 to May 2011, the Cincinnati poison control center reported 46 human exposure cases. The majority of the cases (*n*=36) involved males younger than 24.

    - **Denver Report.** A growing concern about the use and abuse of synthetic cannabinoids (e.g., Spice, K2, Summit, and Black Mamba) in the Denver area, reported by the area representative at the January 2011 CEWG meeting, continued into this reporting period. For example, the Rocky Mountain Poison and Drug Center recorded 44 exposure calls in 2010.

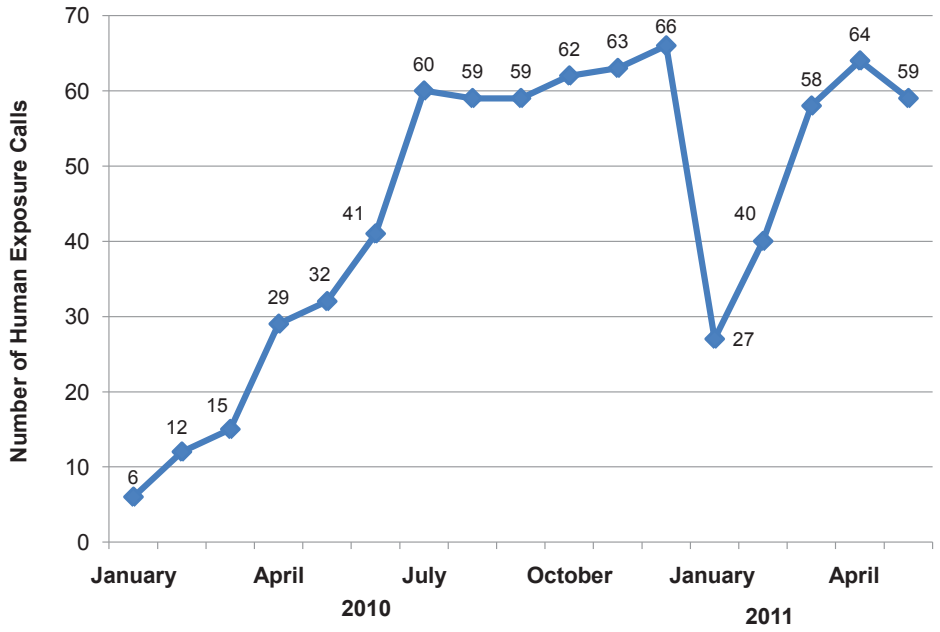
    - **Minneapolis/St. Paul Report.** The Hennepin Regional Poison Center in Minneapolis/St. Paul reported 89 synthetic cannabinoids exposures in 2010 and 49 in the first quarter of 2011.

    - **Texas Report.** In Texas, marijuana homolog exposures were tracked by month from November 2010 to June 2011 (figure 16).

    - **South Florida/Miami-Dade and Broward Counties Report.** The five synthetic cannabinoids that were federally scheduled in 2011 were also made illegal by the 2011 Florida legislature, according to the South Florida area representative.

[18]More information about the synthetic cannabinoids Spice and K2 can be found at: http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&query=spice&x=11&y=7.

**Figure 16. Number of Poison Control Center Calls Concerning Marijuana Homolog (Synthetic Marijuana) Exposures to Texas Poison Centers[1], by Month: 1/1/10–6/1/11**




[1]Data represent 752 exposures.
SOURCE: Texas Department of Safety and Health Services, Mathias Forrester, as reported by Jane Maxwell at the June 2011 CEWG meeting

## Synthetic Cathinones

- **Synthetic cathinones include mephedrone, methylone, and MDPV (3, 4-methylene-dioxypyrovalerone).** One or more synthetics have been detected in products labeled as "bath salts," "insect repellant," "plant food," and "stain remover" and marketed under various names, including "White Lightening," "Zoom," "Euphoria," and "Cloud 9." Whereas synthetic cathinones may be sought for their perceived stimulant effects, the contents of these products are largely unknown and therefore effects are unpredictable. These products became prominent in the designer drug market in the United States in 2010, and law enforcement and poison control center data indicate that use is growing. Serious health effects reported include chest pain, increased heart rate, hallucinations, extreme paranoia, and delusions. An increase in calls to poison control centers across the country related to these substances in 2010 prompted the Office of National Drug Control Policy to release a statement of concern on February 1, 2011[19].

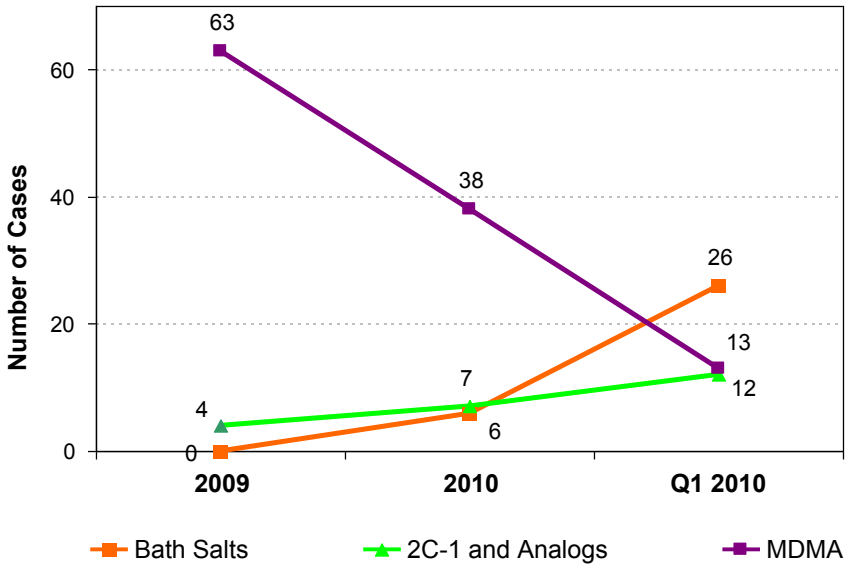
- Continuing concerns regarding synthetic cathinones and synthetic stimulants were reported by several CEWG area representatives at the June 2011 meeting. MDPV, marketed as "bath salts,"[20]

[19]The statement is available at: http://www.whitehousedrugpolicy.gov/news/press11/020111.html.
[20]More information about substances sold as "bath salts" can be found at: http://www.drugabuse.gov/about/welcome/MessageBathSalts211.html and in the following article: Spiller H., Ryan M., Weston R., and Jansen J. "Clinical experience with and analytical confirmation of 'bath salts' and 'legal highs' (synthetic cathinones) in the United States." *Clinical Toxicology, 49(6): 499–505, July 2011*. Also available at: http://informahealthcare.com/doi/abs/10.3109/15563650.2011.590812?prevSearch=allfield53A528henryBA.Bspiller529BandB528allfield53A528bathBsalts529529&searchHistoryKey=.

has recently appeared in some CEWG areas. Marketed and sold as legal substances under names such as "Ivory Wave," "Purple Wave," "Bath Crystals Pure Euphoria," or "Vanilla Sky," they may cause serious medical reactions (such as chest pain, increased heart rate, hallucinations, extreme paranoia, and delusions) when ingested. Mephedrone (4-methylmethcathinone) is another synthetic cathinone that has been popular in Europe and is currently being monitored by the European Union's European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Mephedrone is another example of the increasing popularity of the newly emerging "designer drugs" that are marketed on the Internet and considered legal highs. Mephedrone is also known as "Meow Meow," "M-CAT," "Bubbles," or "Mad Cow," according to the Minneapolis/St. Paul area representative.

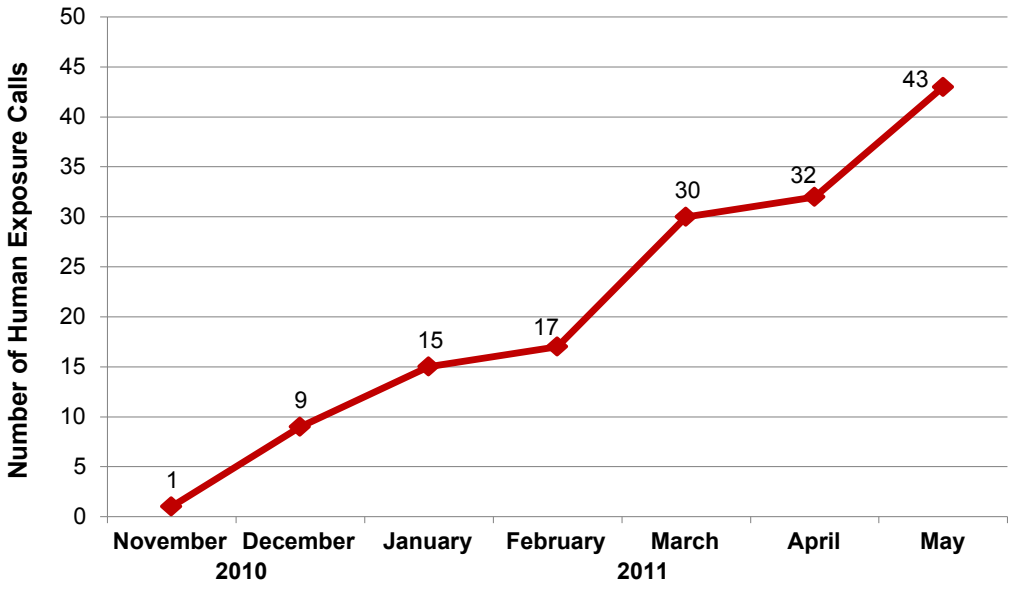
- The following CEWG representatives reported on synthetic cathinones in their areas: Cincinnati, Denver, Detroit, Maine, Miami/South Florida, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, Seattle, Miami/South Florida, and Texas.
    - **Cincinnati Report.** The Cincinnati poison control center reported only 2 synthetic cathinone exposures in 2010 but 77 calls from January through May 2011. The majority of the exposures (*n*=58) involved males between the ages of 20 and 39.
    - **Denver Report.** Nine human exposure calls to the Rocky Mountain Poison and Drug Center in Denver related to bath salts were recorded from January through April 2011.
    - **Detroit Report.** The area representative from Detroit reported four calls involving bath salts in November–December 2010; there were no calls prior to that time.
    - **Maine Report.** Synthetic cathinones were reported by law enforcement in 2011 in several mid-State and coastal areas in Maine, according to the area representative. They were suspected but not confirmed in three drug-induced deaths.
    - **Minneapolis/St. Paul Report.** Exposures to bath salts reported to the Hennepin Regional Poison Center, in the Minneapolis/St. Paul area, increased from 6 in 2010 to 26 in the first quarter of 2011 (figure 17).
    - **Philadelphia Report.** Legislation to schedule methylone, MDPV, and mephedrone was pending in Pennsylvania as of May 2011.
    - **St. Louis Report.** Some communities in Missouri passed legislation to stop sales of these bath salts, only to have new products come to the market. In St. Louis, MDPV has been linked to deaths reported to the city Medical Examiner and poison control, according to the area representative.
    - **Seattle Report.** For the first time, 17 exposure calls were reported to the Washington State Poison Center for bath salts in the first quarter of 2011, according to the Seattle representative.
    - **South Florida/Miami-Dade and Broward Counties Report.** MDPV was made illegal by the 2011 Florida legislature, along with five synthetic cannabinoids.
    - **Texas Report.** Mephedrone exposure calls to the Texas Poison Control Network increased from 20 calls in 2010 to 110 from January 1, 2011, through May 2011; figure 18 shows monthly increases in mephedrone calls in Texas from November 2010 through May 2011.

**Figure 17. Exposures to Selected Drugs Reported to Hennepin County Regional Poison Center, Hennepin County (Minneapolis/St. Paul): 2009–the First Quarter (Q1) of 2011**




SOURCE: American Association of Poison Control Centers Toxic Exposure Surveillance System (TESS), Hennepin County Regional Poison Center, May 2011, as reported by Carol Falkowski at the June 2011 CEWG meeting

**Figure 18. Number of Poison Control Center Calls Concerning Mephedrone Human Exposures to Texas Poison Centers[1], by Month: November 2010–May 2011**




[1]Data represent 147 mephedrone human exposures in the reporting period. NFLIS data for 2010 show 63 cases of MDPV and 3 cases of 4-MMC (mephedrone) in Texas.
SOURCE: Texas Department of Safety and Health Services, Mathias Forrester, as reported by Jane Maxwell at the June 2011 CEWG meeting

**2C-E, 2C-I, and Analogs**

- Another group of synthetic designer drugs, collectively known as phenethylamines from the 2C family (e.g., 2C-E, 2C-I, 2C-T-2), have been present in the illicit drug market since 1998, when they were first encountered by law enforcement. These substances are often promoted as "research chemicals" and legal alternatives to ecstasy or LSD (lysergic acid diethylamide). Poorly studied in humans, these chemical compounds were largely produced for their psychoactive properties. The effects have been described as similar to amphetamines, providing stimulation to the nervous system. The lack of human data, along with the potential for excess nervous system stimulation, make misuse or abuse of these chemicals dangerous and the effects unpredictable.

    - **Minneapolis/St. Paul Report.** Exposures to 2C-I and related analogues reported to the Hennepin Regional Poison Center numbered 4 in 2009, 7 in 2010, and 12 in the first quarter of 2011 (figure 17).

# HIV/AIDS Related to Drug Abuse

Drug use contributes to human immunodeficiency virus (HIV) transmission both directly through sharing injection equipment and indirectly through its influence on risky sexual behaviors. The CEWG continues to monitor trends in injection drug use as important for understanding the consequences of drug use, including HIV infection and acquired immunodeficiency syndrome (AIDS).

***Nineteen out of 20 area representatives reported HIV/AIDS data at the June 2011 meeting. Area representatives reported that transmission of or exposure to HIV and AIDS through injection drug use decreased in the Baltimore/Maryland/Washington, DC, area; Chicago; Maine; Philadelphia; Phoenix; San Francisco; Seattle; and Texas. Injection drug use as an exposure factor in HIV/AIDS remained stable in Atlanta (Georgia), Cincinnati, Denver/Colorado, Detroit, Honolulu/Hawaii, New York City, St. Louis and South Florida/Miami-Dade and Broward Counties. No CEWG area showed increases in the prevalence of injection drug use in newly diagnosed HIV/AIDS cases in the current reporting period.***

***Western Region CEWG Areas:***

- **Phoenix, San Francisco, Seattle, and Texas Reports.** Four CEWG area representatives from the western region—Phoenix, San Francisco, Seattle, and Texas—reported declining rates of HIV/AIDS from injection drug use as a mode of transmission. According to the area representative, the number of new AIDS diagnoses and deaths in San Francisco dropped in this reporting period to levels not seen since the beginning of the epidemic in the early 1980s. Of the total number of AIDS cases in San Francisco County, 7.3 percent were injection drug users (IDUs), while 14.6 percent were men who have sex with men (MSM)/IDUs. In Seattle, new HIV infections in King County continued to be low and declining among IDUs. Four percent of new infections were IDUs from 2008 to 2010, compared with 5 percent from 2005 to 2007. Seven percent of new infections occurred from 2008 to 2010 among those with the dual exposure of MSM/IDU, compared with 11 percent from 2005 to 2007. Emergent HIV/AIDS 5-year rates (per 100,000 population per year) related to injection drug use have declined slowly but steadily in Arizona over the past several years, according to the area representative from Phoenix. Injection drug use was the reported risk for 20 percent

of all cases in 2002–2006; it accounted for 16 percent in 2003–2007 and 15 percent in 2004–2008 and 2005–2009. The proportion of AIDS cases in the State of Texas attributed to injection drug use has also decreased over time, falling to 12 percent of all cases in 2009, from 14 percent in 2008.

- **Honolulu/Hawaii and Denver/Colorado Reports.** In the western region, the rates of exposure to HIV/AIDS through injection drug use were stable in Hawaii and Colorado, according to the area representatives from Denver and Honolulu. In Hawaii, the proportion of AIDS cases related to injection drug use has remained stable recently, according to the area representative, at 8 percent of all cases (7 percent of MSM/IDUs) in 2010 from previous years. AIDS statistics in Colorado show that 19.5 percent of all AIDS cases in the State were related to injection drug use in 2010 (8.9 percent were IDUs, and 10.6 percent were MSM/IDUs); this represented a stable trend from 2009.

***Southern Region CEWG Areas:***

- **Baltimore/Maryland/Washington, DC, Report.** In the South, the area representative from the Baltimore/Maryland/Washington, DC, area reported that newly diagnosed IDU and MSM/IDU-related HIV/AIDS cases in Washington, DC, as a proportion of all HIV/AIDS cases, continued to decline. In 2005, 14.5 percent of newly diagnosed cases in Washington, DC, were among IDUs; in 2008, such cases decreased to 10.5 percent; in 2009, they fell to 8.2 percent of all cases. In Washington, DC, the percentage of MSM/IDU cases declined from 2.5 percent of all cases in 2008 to 1.5 percent in 2009. In Maryland, the proportion of newly diagnosed HIV cases related to injection drug use, as a proportion of all newly diagnosed HIV cases, fell from 23.3 percent in 2008 to 17.0 percent in 2009.

- **Atlanta and South Florida/Miami-Dade and Broward Counties Reports.** Two area representatives from the southern region—Atlanta and South Florida—reported that exposure to HIV/AIDS from injection drug use remained stable in their areas in the current reporting period. The Atlanta representative reported that in Georgia, 15 percent of exposures in statewide cumulative AIDS cases in 2009 were among IDUs and MSM/IDUs, which was unchanged from 2008. The area representative from South Florida reported that as of December 31, 2010, 15.7 percent of the total AIDS cases in Miami-Dade County identified themselves as IDUs, and an additional 3.9 percent reported the dual risk category of MSM/IDU. As of December 31, 2010, 11.4 percent of cumulative AIDS cases in Broward County identified themselves as IDUs, and an additional 3.9 percent reported the dual risk category of MSM/IDU. The proportions for both counties were stable from 2009.

***Midwestern Region CEWG Areas:***

- **Chicago Report.** In the Midwest, the Chicago area representative reported that of the 982 new HIV (not AIDS) cases diagnosed in 2008, only 12 percent were attributed to injection drug use, well below the 26 percent reported in 2000.

- **Detroit, Cincinnati, and St. Louis Reports.** The percentage of newly diagnosed cases with a history of injecting drugs in Detroit appeared to be stable at 6 percent in 2011 (January to April 2011), compared with 5 percent in 2008, and 7 percent in 2009. In the State of Ohio, the transmission of HIV through injection drug use in 2009 remained stable at 4 percent, compared with earlier

reporting periods, according to the Cincinnati area representative. Similarly, in the St. Louis area, 4.3 percent of persons living with HIV and 6.5 percent of persons living with AIDS through 2009 were exposed through injection drug use. These percentages were stable from the previous year.

***Northeastern Region CEWG Areas:***

- **Maine and Philadelphia Reports.** In the Northeast, in Maine in 2010, 10 percent of the newly diagnosed HIV cases were due to injection drug use (5 percent due to an injection drug use source and 5 percent due to combined injection drug use and MSM). This compared with 12 percent in 2008. The Philadelphia area representative continued to report declining numbers and percentages of AIDS and HIV diagnoses with injection drug use as the exposure category. The IDU proportion of AIDS diagnoses decreased in that area from 17.3 percent in 2007, to 13.1 percent in 2008, and 11.1 percent in 2009. The percentage of newly diagnosed HIV cases related to injection drug use decreased from 16.6 percent in 2007, to 13.3 percent in 2008, and 11.2 percent in 2009.

- **New York City Report.** Twenty percent of residents of New York City diagnosed with HIV or AIDS reported as of December 31, 2009, had an injection drug use history; this proportion was stable from 2008.

***Other Highlights:***

- **Gender Differences:** Some area representatives reported higher prevalence of injection drug use as a mode of transmission of HIV/AIDS for females than for males, including Los Angeles, Minneapolis/St. Paul, and San Diego.

- **Los Angeles, San Diego, Minneapolis/St. Paul Reports.** Approximately 7 percent of cumulative adult/adolescent HIV/AIDS diagnoses reported by the end of 2010 in Los Angeles County involved injection drug use as the primary mode of exposure, and another 7 percent involved MSM contact and injection drug use. Specifically, of the cumulative cases reported by the end of 2010, 28 percent of adult/adolescent female cases were exposed to HIV/AIDS through injection drug use contact, while 13 percent of males reported injection drug use exposure (combined across categories of injection drug use alone or MSM contact with an IDU). In San Diego County, 4 percent of cumulative male HIV cases from April 2006 to December 2009 were IDUs; 8 percent were MSM/IDUs. Among female cases during that same time period, however, 23 percent of cumulative HIV cases were IDUs, and 9 percent were females who had sex with an IDU. The Minneapolis/St. Paul area representative reported gender differences among Minnesota cases of HIV infection. In 2010, 2 percent of new cases among males were IDUs, while the proportion for females was 4 percent.

# International Drug Abuse Patterns/Issues

## Canada

A representative from Health Canada reported on the drug situation in Canada.

- Marijuana/cannabis continued to be the dominant illicit drug in Canada, both from self-reported past-year use and from laboratory analyses of drug exhibits from seized substances. A slight

decrease in reported prevalence of past-year marijuana/cannabis use was noted, however, by the representative from Health Canada, from 14 percent in 2004 to 11 percent in 2009.

- Most drug exhibits analyzed from items seized by police and border services were marijuana/cannabis, followed by cocaine. While there was an increase in the number of analyzed exhibits containing marijuana/cannabis in 2010 (from 48,154 exhibits in 2009 to 57,067 in 2010), the number of exhibits containing cocaine continued a downward trend that began in 2007 (30,500 exhibits analyzed in 2007; 23,501 in 2009; and 22,395 in 2010). There was no change, however, in reported past-year cocaine use (from approximately 1 to 2 percent) between 2004 and 2009.

- Approximately 1 percent of Canadians reported past-year use of hallucinogens (including Salvia divinorum) and ecstasy. The number of drug exhibits seized and analyzed that contained hallucinogens (excluding Salvia divinorum) remained stable in 2010 from the previous 3 years. Although Salvia divinorum is not a controlled substance in Canada, a small number of exhibits containing it have been analyzed since 2006. The number of exhibits testing positive for ecstasy (MDMA, MDA, MDEA [methylenedioxyethylamphetamine], and MMDA [3-methoxy-4,5-methylenedioxyamphetamine]) increased in 2010 after a decline in 2009, from 5,301 in 2009 to 5,588 in 2010.

- Less than 1 percent of Canadians age 15 and older reported past-year methamphetamine or amphetamine use. The numbers of seized and analyzed exhibits containing methamphetamine were found to have increased by 37 percent, however, from 2005 to 2010. There were 7,117 exhibits containing methamphetamine analyzed in 2009, compared with 8,480 in 2010.

- Overall in Canada, the number of drug exhibits analyzed as containing heroin increased slightly in 2010 (1,517 exhibits) from 2009 (1,370 exhibits); this number was close to the number seized in 2008 (1,579 exhibits).

- According to the representative, Health Canada was monitoring emerging substances through surveys, exhibit analyses, or both. These included “Doda,” a substance made by grinding the seed pods of opium poppies and brewing the powder as tea; synthetic drugs from the 2-C family; synthetic cannabinoids; Salvia divinorum; BZP; TFMPP; and mephedrone. Results from the laboratory analyses of seized substances showed that the number of exhibits containing BZP and/or TFMPP increased sevenfold between 2007 and 2008, doubled between 2008 and 2009, and decreased slightly in 2010 (from 151 exhibits in 2007; to 1,161 in 2008; to 2,366 in 2009; and 1,921 in 2010).

- Cross-border issues in 2010 were presented by the Health Canada representative (according to the Royal Canadian Mounted Police):

    - The pattern continued that marijuana/cannabis and synthetic drugs were being smuggled to the United States across the border from Canada, while cocaine and firearms were reported as smuggled into Canada from the United States.

    - The smuggling of MDMA from Canada to the United States remained an important law enforcement issue.

- Some methamphetamine continued to move across the United States–Canada border in both southbound and northbound directions.

- There were reports of unregulated substances being smuggled into Canada from the United States that were being used to make methamphetamine and new designer drugs.

**Vancouver and British Columbia**

- The presenter from Vancouver reported that surveys of high-risk populations (street-involved youth and adults and club users) that began in 2008 in Victoria and Vancouver, British Columbia, continued in 2010. Marijuana was the drug most frequently used by both the club and youth high-risk cohorts in 2010, at 90 percent in the past 30 days, and it appeared to be increasing. However, only 59 percent of the adult street-involved population reported past-30-day marijuana use. The most reported drug used by the adult population was crack cocaine, at 85 percent. Past-30-day use of cocaine by club goers, street-involved youth, and street-involved adults was 40, 50, and 35 percent, respectively, in 2010. In these respective groups, ecstasy use was reported by 66, 56, and 6 percent; crystal methamphetamine use by the three groups was 6, 26, and 20 percent, respectively.

- The majority of drug offenses in 2009 in British Columbia were attributed to marijuana/cannabis—with 55 percent of the 24,246 crimes for marijuana/cannabis possession and 13 percent for trafficking, production, or distribution. The next most common drug attributed to an offense was cocaine, at 12 percent for possession and 9 percent for trafficking, production, or distribution.

- As of 2009, hospitalizations and deaths attributed to illicit drugs in British Columbia continued a decline that began in 2006. For instance, the British Columbia hospitalization rate for illicit drugs was 92 per 100,000 population in 2009, compared with 113 per 100,000 in 2006.

**New Zealand**

- Since 2005, New Zealand has developed early warning and drug monitoring systems in response to the drug-related harms associated with a rise in drug use and new drug trends, including the New Zealand Illicit Drug Monitoring System (IDMS) and the New Zealand Arrestee Drug Use Monitoring (NZ-ADUM) system.

- An increase in methamphetamine use in the early 2000s prompted several initiatives. In 2009, New Zealand established a Methamphetamine Action Plan, which expanded controls for methamphetamine precursor chemicals; targeted methamphetamine supply chains; reduced the demand for methamphetamine through community action programs; and funded additional substance abuse treatment places. Findings from the IDMS and the NZ-ADUM concerning methamphetamine trends from 2006 to 2010 found rising prices, falling potency, and some indication of reduced availability.

- The use of ecstasy also increased steadily in New Zealand through the 2000s, according to the presenter from New Zealand. In contrast to methamphetamine, however, the use and availability of MDMA in New Zealand steadily increased, and the price declined over the 5-year period from 2006 to 2010. At the same time, a number of substances other than MDMA were found to be sold

as ecstasy, including BZP, MDPV, mephedrone, and methylone (methylenedioxymethcathinone). The prohibition of BZP in 2008 may have resulted in a supply to be fraudulently sold as ecstasy.

- Another policy response to drug use in New Zealand was the establishment of the Restricted Substances category of the Misuse of Drugs Act in 2005, which allowed psychoactive drugs that were deemed "less than moderately harmful" to continue to be sold legally, but only to those 18 or older and with restrictions placed on their promotion and sale. A number of newly emerging drugs in New Zealand have been earmarked for classification as Restricted Substances, including DMAA (dimethylamylamine), synthetic cannabis products (e.g., Spice), and Salvia divinorum.

# Section III. Across CEWG Areas: Treatment Admissions and Forensic Laboratory Analysis Data

## Cocaine/Crack

### Treatment Admissions Data on Cocaine/Crack

Table 3 presents the most recent data from 22 CEWG areas on primary cocaine treatment admissions as a proportion of total admissions, including those for alcohol (see also appendix table 1). The 2010 reporting period is CY 2010, January through December 2010, for all reporting CEWG areas.

South Florida/Miami-Dade County had the highest percentage (20.2 percent) of primary cocaine admissions, followed by Philadelphia (18.8 percent). The lowest proportions of primary cocaine treatment admissions, including primary alcohol admissions, were observed for Hawaii (1.9 percent) and Maine (3.3 percent) (table 3).

Based on total 2010 treatment admissions, including those for primary alcohol problems, cocaine ranked first or second in none of the 22 CEWG reporting areas. It ranked third in 7 of the 22 reporting CEWG areas: Atlanta, Boston, Detroit, Miami-Dade County, Philadelphia, San Francisco, and Texas (section II, table 2).

**Route of Administration of Cocaine.** Data from 19 CEWG areas indicate that smoking[21] was the most common mode of cocaine administration among primary cocaine treatment admissions in 2010 (table 4). The range was from approximately 47 percent in Maine to more than 93 percent in Detroit. After Detroit (93.4 percent), the highest percentages of smoking cocaine were reported in St. Louis (89.6 percent) and San Francisco (88.6 percent).

Inhaling or sniffing cocaine was the primary route of administration in approximately 34–37 percent of cocaine admissions in New York City, South Florida/Miami-Dade County, Denver, and Texas (36.6, 35.6, 35.2, and 34.2 percent, respectively). The lowest proportions reporting inhaling or sniffing cocaine as the primary administration route were in Baltimore City and Detroit, at 5.2 and 5.9 percent, respectively.

Across the CEWG areas reporting data on mode of administration of cocaine, the proportions of cocaine admissions who reported injecting the drug as the primary route tended to be low, with by far the highest proportions being in Maine, at 22.9 percent, followed distantly by Boston, at 11.5 percent (table 4).

[21]SAMHSA's Treatment Episode Data Set (TEDS) report (2003) notes that, "Smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based." TEDS does not separately report crack and cocaine; however, several CEWG sites have different codes for crack compared with cocaine, and area representatives may separate these out in their reporting.

**Table 3. Primary Cocaine Treatment Admissions in 22 CEWG Areas as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: CY 2010[2]**

| CEWG Areas | Number of Primary Cocaine Admissions | Percentage of Total Admissions |
|---|---|---|
| | # | % |
| Atlanta | 1,151 | 12.8 |
| Baltimore City | 1,813 | 12.2 |
| Boston | 999 | 5.2 |
| Cincinnati | 491 | 9.6 |
| Colorado | 2,459 | 8.3 |
| Denver | 1,315 | 10.2 |
| Detroit | 1,482 | 17.1 |
| Hawaii | 173 | 1.9 |
| Los Angeles | 4,717 | 9.7 |
| Maine | 454 | 3.3 |
| Maryland | 5,475 | 10.5 |
| Minneapolis/St. Paul | 1,116 | 5.7 |
| New York City | 12,674 | 15.8 |
| Philadelphia | 2,868 | 18.8 |
| Phoenix[3] | 311 | 4.4 |
| St. Louis | 1,672 | 12.3 |
| San Diego | 660 | 4.8 |
| San Francisco | 3,889 | 16.6 |
| Seattle | 1,493 | 11.1 |
| South Florida/Broward County | 481 | 9.5 |
| South Florida/Miami-Dade County | 918 | 20.2 |
| Texas | 9,202 | 13.7 |

[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for calendar year 2010: January–December 2010.
[3]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Table 4. Primary Route of Administration of Cocaine Among Treatment Admissions in 19 CEWG Areas as a Percentage[1] of Primary Cocaine Treatment Admissions: CY 2010[2]**

| CEWG Areas[3] | Smoked | | Inhaled | | Injected | | Oral/Other/ Unknown | | Total *N* |
|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | |
| **CY 2010** | | | | | | | | | |
| Atlanta | 845 | 73.4 | 240 | 20.9 | 12 | 1.0 | 54 | 4.7 | 1,151 |
| Baltimore City | 1,585 | 87.4 | 95 | 5.2 | 126 | 6.9 | 7 | 0.4 | 1,813 |
| Boston | 651 | 65.2 | 216 | 21.6 | 115 | 11.5 | 17 | 1.7 | 999 |
| Colorado | 1,502 | 61.1 | 751 | 30.5 | 138 | 5.6 | 68 | 2.8 | 2,459 |
| Denver | 758 | 57.6 | 463 | 35.2 | 60 | 4.6 | 34 | 2.6 | 1,315 |
| Detroit | 1,384 | 93.4 | 87 | 5.9 | 0 | 0 | 11 | 0.7 | 1,482 |
| Los Angeles | 4,089 | 86.7 | 526 | 11.2 | 28 | 0.6 | 74 | 1.6 | 4,717 |
| Maine | 211 | 46.5 | 119 | 26.2 | 104 | 22.9 | 20 | 4.4 | 454 |
| Maryland | 4,453 | 81.3 | 718 | 13.1 | 263 | 4.8 | 41 | 0.7 | 5,475 |
| Minneapolis/St. Paul | 873 | 78.2 | 202 | 18.1 | 21 | 1.9 | 20 | 1.8 | 1,116 |
| New York City | 7,601 | 60.0 | 4,645 | 36.6 | 203 | 1.6 | 225 | 1.8 | 12,674 |
| Philadelphia | 2,118 | 73.8 | 452 | 15.8 | 199 | 6.9 | 99 | 3.5 | 2,868 |
| Phoenix[4] | 218 | 70.1 | 65 | 20.9 | 5 | 1.6 | 23 | 7.4 | 311 |
| St. Louis | 1,498 | 89.6 | 122 | 7.3 | 18 | 1.1 | 34 | 2.0 | 1,672 |
| San Diego | 528 | 80.0 | 100 | 15.2 | 19 | 2.9 | 13 | 2.0 | 660 |
| San Francisco[5] | 3,444 | 88.6 | 377 | 9.7 | suppressed[5] | suppressed[5] | 31 | 0.8 | 3,889 |
| South Florida/ Broward County | 322 | 66.9 | 129 | 26.8 | 2 | 0.4 | 29 | 6.0 | 481 |
| South Florida/ Miami-Dade County | 559 | 60.9 | 327 | 35.6 | 10 | 1.1 | 25 | 2.7 | 918 |
| Texas | 5,512 | 59.9 | 3,147 | 34.2 | 368 | 4.0 | 175 | 1.9 | 9,202 |

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2010: January–December 2010.
[3]No data were available for Cincinnati, Hawaii, and Seattle.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]Data on injection as a route of administration for cocaine admissions were suppressed because one or more counties had less than 16 observations, as reported by the San Francisco area representative.
SOURCE: June 2011 State and local CEWG reports

**Gender of Cocaine/Crack Admissions.** Across all reporting CEWG areas in 2010, the majority of primary cocaine admissions were male (table 5). The highest proportions of male cocaine admissions were in Philadelphia (72.0 percent) and New York City (69.2 percent), while the lowest percentages were in Atlanta and Texas (each at 50.4 percent) (table 5).

**Age of Cocaine/Crack Admissions.** In 20 of 21 reporting CEWG areas in 2010, at least one-half of the primary cocaine treatment admissions were age 35 or older (or 36 and older in Florida and 40 and older in Seattle), with the largest proportions reported in San Francisco (95.0 percent), followed by Detroit and Baltimore City at approximately 87 percent of primary cocaine admissions

**Table 5. Demographic Characteristics of Primary Cocaine Treatment Admissions in 21 CEWG Areas as a Percentage[1] of Primary Cocaine Admissions: CY 2010[2]**

| CEWG Areas[3] | Gender[4] | | Age Group | |
|---|---|---|---|---|
| | Percent Male | Percent Female | Percent Younger Than 26 | Percent 35 and Older |
| Atlanta | 50.4 | 49.6 | 8.3 | 71.9 |
| Baltimore City | 53.7 | 46.3 | 3.2 | 86.8 |
| Boston | 61.5 | 37.9 | 9.7 | 66.1 |
| Cincinnati | 55.0 | 45.0 | 10.8 | 74.1 |
| Colorado | 56.8 | 43.1 | 15.2 | 58.6 |
| Denver | 59.9 | 40.1 | 15.1 | 61.1 |
| Detroit | 57.0 | 43.0 | 2.8 | 87.2 |
| Los Angeles | 63.4 | 36.5 | 6.6 | 78.5 |
| Maine | 57.5 | 42.5 | 14.5 | 46.9 |
| Maryland | 55.3 | 44.7 | 8.3 | 73.1 |
| Minneapolis/St. Paul | 60.4 | 39.6 | 9.7 | 73.7 |
| New York City | 69.2 | 30.8 | 4.9 | 79.9 |
| Philadelphia | 72.0 | 28.0 | 10.6 | 63.7[5] |
| Phoenix[6] | 53.4 | 46.6 | 5.1 | 42.8 |
| St. Louis | 67.0 | 33.0 | 5.1 | 81.5 |
| San Diego | 63.2 | 36.8 | 9.7 | 75.2 |
| San Francisco | 67.6 | 32.4 | suppressed[7] | 95.0 |
| Seattle | 66.8 | 33.2 | 8.6 | 61.6[8] |
| South Florida/Broward County | 65.1 | 34.9 | 11.6 | 69.6 |
| South Florida/Miami-Dade County | 60.5 | 39.5 | 13.7 | 59.4 |
| Texas | 50.4 | 49.6 | 14.2 | 57.9 |

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2010: January–December 2010.
[3]Data on gender and age group were not available for Hawaii.
[4]Percentages may not add to 100 due to the presence of unknown gender.
[5]Data from Philadelphia are for 36 and older.
[6]Treatment data for Phoenix do not include admissions younger than 18.
[7]Data on cocaine admissions younger than 26 were suppressed because one or more counties had less than 16 observations, as reported by the San Francisco area representative.
[8]Data from Seattle are for 40 and older.
SOURCE: June 2011 State and local CEWG reports

(table 5). In Maine, proportions of older cocaine admissions were lowest, at 46.9 percent. The highest percentages of cocaine treatment admissions age 25 and younger were in Colorado and Denver at approximately 15 percent each, and in Maine, South Florida/Miami-Dade County, and Texas at approximately 14 percent each (table 5).

## Changes in Cocaine/Crack Admissions, 2007–2010

Table 6 shows changes in primary cocaine/crack treatment admissions as a percentage of total admissions, including primary alcohol admissions, between 2007 and 2010. In the 4-year period, declines were noted in all areas reporting data. Decreases from 2007 to 2010 in the proportion of primary cocaine admissions were highest in Detroit (11.0 percentage points), St. Louis (10.5 percentage points), and Atlanta (8.1 percentage points). Decreases of approximately 4–7 percentage points were observed for 9 of the 19 CEWG areas: Baltimore City, Denver, Los Angeles, Maine, Maryland, New York City, Philadelphia, Phoenix, and Seattle over the 4-year period (table 6). Other areas experiencing declines of approximately 2–3 percentage points in the proportion of primary cocaine treatment admissions were Boston, Hawaii, Minneapolis/St. Paul, and San Diego.

Declines in cocaine treatment admission proportions were reported in 17 of 19 CEWG areas for which comparable data were available from the more recent period, 2009–2010. Declines ranged from a low of 0.6–1.0 percentage points in Colorado, Denver, Maine, New York City, Phoenix, and San Diego to a high of approximately 8 percentage points in South Florida/Miami-Dade County and an approximately 4-percentage-point decline in South Florida/Broward County. Atlanta, Los Angeles, and Philadelphia experienced approximately 3-percentage-point declines (declines of 2.9, 2.9, and 2.6 percentage points, respectively) (table 6). Minneapolis/St. Paul saw an increase of 3.3 percentage points in 2010 over 2009 proportions of cocaine treatment admissions, while no change was observed for Seattle in the time period.

## Forensic Laboratory Data on Cocaine/Crack

According to the rankings of NFLIS data for 2010, cocaine ranked in the top three drugs identified in forensic laboratories in all CEWG reporting areas. Cocaine was the drug most frequently reported for 7 of the 23 CEWG areas shown on the map (figure 5) and table (table 1) in section II.

In 2010, in two of the five southern region CEWG areas (Atlanta and Miami MSA), cocaine ranked first as the most frequently identified drug in forensic laboratories. In two of the four CEWG areas in the northeastern region, Maine and New York City, and in three of the eight CEWG areas in the western region (Colorado, Denver, and Seattle), cocaine ranked first among drug items identified. Cocaine ranked first in none of the five areas in the midwestern region.

Cocaine ranked second in drug items identified in 2010 in 10 of 23 CEWG reporting areas: Baltimore City, Boston, Chicago, Cincinnati, Detroit, Los Angeles, Maryland, Philadelphia, Texas, and Washington, DC.

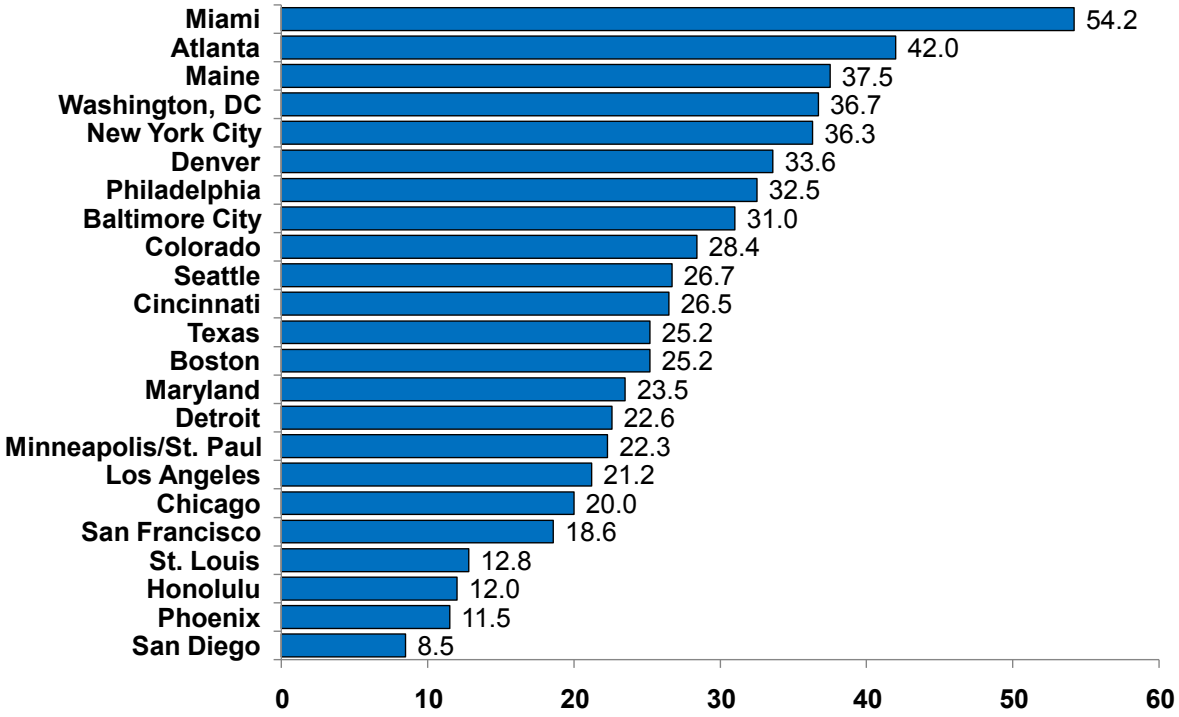
Cocaine items as a percentage of the total drug items reported in the NFLIS system were particularly high in the Miami MSA (54.2 percent), followed by Atlanta (42.0 percent). The lowest reported frequencies of cocaine drug items among those identified in forensic laboratories were in Phoenix and San Diego, at 11.5 and 8.5 percent, respectively (figure 19; appendix table 2).

**Table 6. Primary Cocaine Treatment Admissions in 19 CEWG Areas as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for Two Time Periods: 2007–2010 and 2009–2010[1]**

| CEWG Area/State[2] | Years (in Percent) | | | | Percentage-Point Change | |
|---|---|---|---|---|---|---|
| | 2007 | 2008 | 2009 | 2010 | 2007–2010 | 2009–2010 |
| Atlanta[3] | 20.9 | 18.5 | 15.7 | 12.8 | -8.1 | -2.9 |
| Baltimore City[3] | 16.7 | 15.0 | 14.1 | 12.2 | -4.5 | -1.9 |
| Boston[3] | 8.2 | 8.0 | 6.7 | 5.2 | -3.0 | -1.5 |
| Colorado | NR[4] | 11.6 | 9.3 | 8.3 | —[5] | -1.0 |
| Denver | 15.0 | 13.7 | 11.2 | 10.2 | -4.8 | -1.0 |
| Detroit | 28.1 | 22.5 | 19.3 | 17.1 | -11.0 | -2.2 |
| Hawaii | 3.9 | 3.9 | 3.8 | 1.9 | -2.0 | -1.9 |
| Los Angeles | 16.2 | 15.6 | 12.6 | 9.7 | -6.5 | -2.9 |
| Maine | 7.3 | 6.0 | 4.0 | 3.3 | -4.0 | -0.7 |
| Maryland[3] | 17.7 | 21.2 | 12.5 | 10.5 | -7.2 | -2.0 |
| Minneapolis/St. Paul | 11.6 | 9.9 | 6.4 | 9.7 | -1.9 | +3.3 |
| New York City | 20.4 | 18.5 | 16.5 | 15.8 | -4.6 | -0.7 |
| Philadelphia | 25.5 | 23.3 | 21.4 | 18.8 | -6.7 | -2.6 |
| Phoenix[6] | 9.6 | 8.5 | 5.3 | 4.4 | -5.2 | -0.9 |
| St. Louis | 22.8 | 17.8 | 13.6 | 12.3 | -10.5 | -1.3 |
| San Diego | 6.8 | 6.6 | 5.4 | 4.8 | -2.0 | -0.6 |
| Seattle | 17.3 | 17.3 | 11.1 | 11.1 | -6.2 | 0.0 |
| South Florida/ Broward County | NR[4] | 37.8 | 28.1 | 20.2 | —[5] | -7.9 |
| South Florida/ Miami-Dade County | NR[4] | 18.5 | 13.5 | 9.5 | —[5] | -4.0 |

[1]Calendar year (January–December) data.
[2]Noncomparability of data precludes inclusion in this table of Cincinnati and Texas.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]NR=Not reported.
[5]Percentage-point changes could not be calculated due to missing data.
[6]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2011 State and local CEWG reports; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 59; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 40; *June 2008 Highlights and Executive Summary Volume I* CEWG report, p 70; and *June 2007 Highlights and Executive Summary Volume I* CEWG report, p. 15

**Figure 19. Cocaine Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA , data for all areas were retrieved between May 2 and May 3, 2011

# Heroin

## Treatment Admissions Data on Heroin

In this 2010 reporting period for 21 of 22 CEWG areas, primary heroin treatment admissions, as a proportion of total admissions for substance abuse treatment, including primary alcohol admissions, ranged from approximately 2 percent to approximately 52 percent. After Baltimore City at 51.9 percent, Boston had the highest proportion of heroin admissions, at 51.4 percent of all admissions (table 7; see also appendix table 1). The lowest percentage of primary heroin admissions was in Hawaii, at 1.5 percent.

When all substance abuse treatment admissions are examined, heroin ranked first in 3 of the 22 CEWG reporting areas: Baltimore City, Boston, and Detroit. Heroin ranked second in four areas (Maryland, Phoenix, St. Louis, and San Diego) among all treatment admissions. Heroin ranked third in four areas; these areas were Cincinnati, Los Angeles, New York City, and Seattle (section II, table 2).

**Route of Administration of Heroin.** Injection was the most frequently reported mode of heroin administration in 16 of 19 reporting CEWG areas in 2010. Proportions of heroin admissions injecting the drug ranged from a low of approximately 41–42 percent (Baltimore City, Detroit, and New York City) to a high of 86.3 percent in Boston, followed by 84.0 percent in South Florida/Broward County, 82.7 percent in Los Angeles, and 80.6 percent in Texas. Between 70 and 79 percent of heroin admissions were injectors in Atlanta, Colorado, Denver, Maine, San Diego, San Francisco, and South Florida/Miami-Dade County in 2010. Maryland, Minneapolis/St. Paul, Philadelphia, Phoenix, and St. Louis all reported a range of approximately 57–65 percent injection among heroin treatment admissions in those areas (table 8).

Inhalation or intranasal use was the most frequent mode of heroin administration reported by heroin admissions in 3 of 19 areas: Detroit, at 58.5 percent; Baltimore City, at 57.4 percent; and New York City, at 56.6 percent. However, this mode was relatively rarely reported among treatment admissions in San Diego, Los Angeles, Denver, Colorado, and Phoenix (2.8, 3.0, 4.5, 5.1, and 5.4 percent, respectively).

Smoking was reported by less than 2 percent of the heroin admissions in 11 of 19 CEWG areas reporting. San Diego had the highest proportion of heroin treatment admissions whose primary mode of administration was smoking, at 24.4 percent, followed by Phoenix, Denver, Colorado, and Los Angeles, at 21.5, 15.4, 14.2, and 12.3 percent, respectively (table 8).

**Gender of Heroin Admissions.** There were proportionally more male than female primary heroin admissions in all except 1 of the 21 CEWG areas (Cincinnati) in 2010 represented in table 9. The largest proportions of male heroin admissions were in New York City, at 77.8 percent, and Philadelphia (76.7 percent). Conversely, the largest proportions of females were in Cincinnati[22], at approximately 56 percent, and in Maine and St. Louis, at approximately 43 percent each (table 9).

[22]Cincinnati treatment admissions data combine heroin with other opioids.

**Table 7. Primary Heroin Treatment Admissions in 22 CEWG Areas as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions[1]: CY 2010[2]**

| CEWG Areas | Number of Primary Heroin Admissions | Percentage of Total Admissions |
|---|---|---|
| | # | % |
| Atlanta | 339 | 3.8 |
| Baltimore City | 7,710 | 51.9 |
| Boston | 9,801 | 51.4 |
| Cincinnati[3] | 968 | 18.9 |
| Colorado | 1,755 | 5.9 |
| Denver | 1,130 | 8.7 |
| Detroit | 2,841 | 32.7 |
| Hawaii | 138 | 1.5 |
| Los Angeles | 9,940 | 20.4 |
| Maine | 928 | 6.8 |
| Maryland | 12,973 | 24.9 |
| Minneapolis/St. Paul | 1,532 | 7.8 |
| New York City | 19,208 | 23.9 |
| Philadelphia | 2,179 | 14.3 |
| Phoenix[3,4] | 1,426 | 20.1 |
| St. Louis | 3,599 | 26.4 |
| San Diego | 2,969 | 21.4 |
| San Francisco | 3,376 | 14.4 |
| Seattle | 1,683 | 12.6 |
| South Florida/Broward County | 156 | 3.1 |
| South Florida/Miami-Dade County | 183 | 4.0 |
| Texas | 6,359 | 9.5 |

[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for calendar year 2010: January–December 2010.
[3]Heroin and other opiates are grouped together for Cincinnati and are reported in this Heroin table only. Heroin and morphine are grouped together in Phoenix data.
[4]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Table 8. Primary Route of Administration of Heroin Among Treatment Admissions in 19 CEWG Areas as a Percentage[1] of Primary Heroin Treatment Admissions: CY 2010[2]**

| CEWG Areas[3] | Smoked | | Inhaled | | Injected | | Other/ Unknown | | Total *N* |
|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | |
| **CY 2010** | | | | | | | | | |
| Atlanta | 1 | 0.3 | 55 | 16.2 | 259 | 76.4 | 24 | 7.1 | 339 |
| Baltimore City | 28 | 0.4 | 4,426 | 57.4 | 3,213 | 41.7 | 43 | 0.6 | 7,710 |
| Boston | 52 | 0.5 | 1,168 | 11.9 | 8,455 | 86.3 | 125 | 1.3 | 9,801 |
| Colorado | 250 | 14.2 | 89 | 5.1 | 1,384 | 78.9 | 32 | 1.8 | 1,755 |
| Denver | 174 | 15.4 | 51 | 4.5 | 882 | 78.1 | 23 | 2.0 | 1,130 |
| Detroit | 17 | 0.6 | 1,663 | 58.5 | 1,157 | 40.7 | 4 | 0.1 | 2,841 |
| Los Angeles | 1,223 | 12.3 | 295 | 3.0 | 8,218 | 82.7 | 204 | 2.1 | 9,940 |
| Maine | 13 | 1.4 | 139 | 15.0 | 738 | 79.5 | 38 | 4.1 | 928 |
| Maryland | 53 | 0.4 | 5,398 | 41.6 | 7,412 | 57.1 | 110 | 0.8 | 12,973 |
| Minneapolis/St. Paul | 75 | 4.9 | 473 | 30.9 | 952 | 62.1 | 32 | 2.1 | 1,532 |
| New York City | 117 | 0.6 | 10,875 | 56.6 | 8,022 | 41.8 | 194 | 1.0 | 19,208 |
| Philadelphia | 16 | 0.7 | 303 | 13.9 | 1,262 | 57.9 | 598 | 27.4 | 2,179 |
| Phoenix[4,5] | 306 | 21.5 | 77 | 5.4 | 922 | 64.7 | 121 | 8.5 | 1,426 |
| St. Louis | 28 | 0.8 | 1,230 | 34.2 | 2,290 | 63.6 | 51 | 1.4 | 3,599 |
| San Diego | 725 | 24.4 | 82 | 2.8 | 2,132 | 71.8 | 30 | 1.0 | 2,969 |
| San Francisco | 47 | 1.4 | 738 | 21.9 | 2,466 | 73.0 | 20 | 0.6 | 3,376 |
| South Florida/ Broward County | 4 | 2.6 | 19 | 12.2 | 131 | 84.0 | 3 | 1.9 | 156 |
| South Florida/ Miami-Dade County | 9 | 4.9 | 39 | 21.3 | 131 | 71.6 | 6 | 3.2 | 183 |
| Texas | 69 | 1.1 | 1,011 | 16.1 | 5,072 | 80.6 | 207 | 2.3 | 6,359 |

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2010: January–December 2010.
[3]No data were available for Cincinnati, Hawaii, and Seattle.
[4]Heroin and morphine are grouped together in Phoenix data.
[5]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Table 9. Demographic Characteristics of Primary Heroin Treatment Admissions in 21 CEWG Areas as a Percentage[1] of Primary Heroin Admissions: CY 2010[2]**

| CEWG Areas[3] | Gender[4] | | Age Group | |
|---|---|---|---|---|
| | Percent Male | Percent Female | Percent Younger Than 26 | Percent 35 and Older |
| Atlanta | 66.4 | 33.6 | 28.6 | 48.4 |
| Baltimore City | 65.7 | 34.3 | 3.6 | 85.5 |
| Boston | 72.9 | 27.0 | 22.1 | 41.0 |
| Cincinnati[5] | 44.1 | 55.8 | 35.0 | 27.7 |
| Colorado | 66.1 | 33.9 | 32.1 | 38.5 |
| Denver | 65.7 | 34.3 | 28.8 | 40.6 |
| Detroit | 63.2 | 36.8 | 4.0 | 86.3 |
| Los Angeles | 71.3 | 28.7 | 18.6 | 62.8 |
| Maine | 56.7 | 43.3 | 27.2 | 25.8 |
| Maryland | 63.6 | 36.4 | 19.2 | 61.1 |
| Minneapolis/St. Paul | 66.1 | 33.9 | 35.7 | 39.2 |
| New York City | 77.8 | 22.2 | 5.9 | 77.3 |
| Philadelphia | 76.7 | 23.3 | 18.1 | 43.4[6] |
| Phoenix[5,7] | 65.7 | 34.3 | 22.8 | 20.0 |
| St. Louis | 57.1 | 42.9 | 30.5 | 28.0 |
| San Diego | 70.3 | 29.7 | 31.8 | 36.8 |
| San Francisco | 66.9 | 33.1 | 3.8 | 70.0 |
| Seattle | 62.3 | 37.7 | 21.5 | 41.4[8] |
| South Florida/Broward County | 73.1 | 26.9 | 16.0 | 51.9 |
| South Florida/Miami-Dade County | 74.9 | 25.1 | 13.7 | 55.7 |
| Texas | 61.3 | 38.7 | 33.1 | 35.5 |

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2010: January–December 2010.
[3]No data were available for Hawaii. For further information see appendix table 1.
[4]Percentages may not add to 100 percent due to the presence of unknown gender.
[5]Heroin and other opiates are grouped together for Cincinnati and are reported in this Heroin table only. Heroin and morphine are grouped together in Phoenix data.
[6]Data from Philadelphia are for 36 and older.
[7]Treatment data for Phoenix do not include admissions younger than 18.
[8]Data from Seattle are for 40 and older.
SOURCE: June 2011 State and local CEWG reports

**Age of Heroin Admissions.** In 8 of 21 reporting CEWG areas, more than one-half of the primary heroin admissions in 2010 were age 35 or older, with the highest proportions in Detroit (86.3 percent) and Baltimore City (85.5 percent). Minneapolis/St. Paul reported the highest percentages of heroin treatment admissions among clients age 25 and younger, at 35.7 percent, followed by three areas—Colorado, San Diego, and Texas—at approximately 32–33 percent (table 9).

## Changes in Heroin Admissions, 2007–2010

Over the period from 2007 through 2010, proportions of primary heroin treatment admissions, including primary alcohol admissions, increased in 11 of 19 reporting areas, namely Atlanta, Boston, Denver, Detroit, Los Angeles, Maryland, Minneapolis/St. Paul, Phoenix, St. Louis, San Diego, and Seattle. The largest increases over the 4-year period were for St. Louis and Phoenix, at approximately 10–11 percentage points, followed by San Diego and Detroit, at 4.2 and 3.3 percentage points, respectively. While two of the five areas showing declining proportions of primary heroin admissions over the 4 years (Hawaii and Maine) showed small decreases of 0.1–1.2 percentage points, the largest declines in primary heroin admission proportions were for Baltimore City, New York City, and Philadelphia (2.9, 3.8, and 4.0 percentage points, respectively) (table 10).

During the more recent period, from 2009 to 2010, 10 of the 19 reporting areas had increases in proportions of primary heroin treatment admissions. Two of the 19 reporting areas showed increases of 3 or more percentage points (St. Louis and Phoenix, at 3.9 and 3.3 percentage points, respectively), while 4 areas had increases of 1–2 percentage points (Los Angeles, San Diego, South Florida/Miami-Dade County, and South Florida/Broward County); in 4 areas, heroin admissions showed less than a 1-percentage-point increase over the period. Decreased proportions of heroin admissions from 2009 to 2010 were noted in eight reporting areas, with the largest declines noted for New York City (2.4 percentage points), Baltimore City (2.3 percentage points), Maine (1.8 percentage points), and Detroit and Maryland (1.6 percentage points each) (table 10). Boston showed no change from 2009 to 2010.

## Forensic Laboratory Data on Heroin

In 10 of the 23 CEWG areas shown on the map in figure 5 (section II), heroin items accounted for 10 percent or more of the total drug items reported by NFLIS. As a proportion of total drug items, heroin items were highest in Baltimore City (22.6 percent), compared with other CEWG areas. Heroin drug items identified were lowest in Honolulu (1.5 percent) (figure 20; appendix table 2).

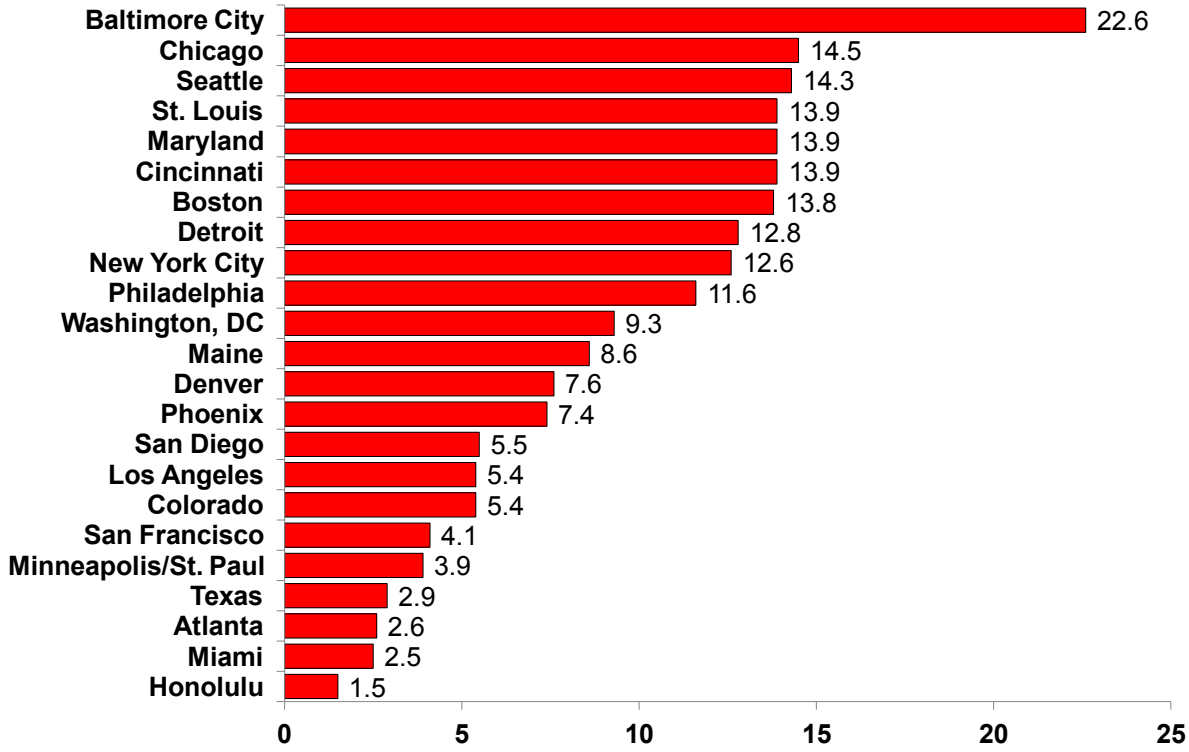
Heroin was not ranked as the number one most frequently identified drug in any of the CEWG areas in 2010 (section II, table 1). It appeared in second place in St. Louis, but heroin placed no higher than third in the rankings of drug items identified in that reporting period in the other 22 reporting areas. However, it ranked third in three of five southern CEWG areas (Baltimore City, Maryland, and Washington, DC); in three of four northeastern areas (Boston, New York City, and Philadelphia); and in three of five areas in the Midwest (Chicago, Cincinnati, and Detroit). However, in the West, heroin ranked no higher than fourth in any area.

**Table 10. Primary Heroin Treatment Admissions in 19 CEWG Areas as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for Two Time Periods: 2007–2010 and 2009–2010[1]**

| CEWG Area/State[2] | Years (in Percent) | | | | Percentage-Point Change | |
|---|---|---|---|---|---|---|
| | 2007 | 2008 | 2009 | 2010 | 2007–2010 | 2009–2010 |
| Atlanta[3] | 3.1 | 3.5 | 3.9 | 3.8 | +0.7 | -0.1 |
| Baltimore City[3] | 54.8 | 57.0 | 54.2 | 51.9 | -2.9 | -2.3 |
| Boston[3] | 49.4 | 50.1 | 51.4 | 51.4 | +2.0 | 0.0 |
| Colorado | NR[4] | 4.2 | 5.5 | 5.9 | —[5] | +0.4 |
| Denver | 6.7 | 6.2 | 8.0 | 8.7 | +2.0 | +0.7 |
| Detroit | 29.4 | 34.2 | 34.3 | 32.7 | +3.3 | -1.6 |
| Hawaii | 2.0 | 1.9 | 1.9 | 1.5 | -0.5 | -0.4 |
| Los Angeles | 19.6 | 18.5 | 18.8 | 20.4 | +0.8 | +1.6 |
| Maine | 8.0 | 8.5 | 8.6 | 6.8 | -1.2 | -1.8 |
| Maryland[3] | 24.3 | 26.4 | 26.5 | 24.9 | +0.6 | -1.6 |
| Minneapolis/St. Paul | 6.4 | 6.7 | 8.0 | 7.8 | +1.4 | -0.2 |
| New York City | 27.7 | 26.7 | 26.3 | 23.9 | -3.8 | -2.4 |
| Philadelphia | 18.3 | 17.0 | 13.4 | 14.3 | -4.0 | +0.9 |
| Phoenix[6] | 9.8 | 14.0 | 16.8 | 20.1 | +10.3 | +3.3 |
| St. Louis | 15.5 | 18.8 | 22.5 | 26.4 | +10.9 | +3.9 |
| San Diego | 17.2 | 18.5 | 19.4 | 21.4 | +4.2 | +2.0 |
| Seattle | 11.8 | 12.6 | 11.8 | 12.6 | +0.8 | +0.8 |
| South Florida/ Broward County | NR[4] | 2.6 | 1.8 | 3.1 | —[5] | +1.3 |
| South Florida/ Miami-Dade County | NR[4] | 2.8 | 2.7 | 4.0 | —[5] | +1.3 |

[1]Calendar year (January–December) data.
[2]Noncomparability of data precludes inclusion in this table of Cincinnati and Texas.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]NR=not reported.
[5]Percentage-point changes could not be calculated due to missing data.
[6]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2011 State and local CEWG reports; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 66; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 47; *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 71; and *June 2007 Highlights and Executive Summary Volume I* CEWG report, p. 25

**Figure 20. Heroin Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

# Opiates/Opioids Other Than Heroin (Narcotic Analgesics)

## Treatment Admissions Data on Opiates/Opioids Other Than Heroin

In 2010, 20 CEWG areas provided data on treatment admissions for primary abuse of opiates other than heroin as a category separate from heroin (table 11; appendix table 1). Treatment admissions for primary abuse of opiates other than heroin as a percentage of total substance abuse treatment admissions ranged from approximately 2 to 10 percent in 18 of the 20 reporting CEWG areas. The other opiates admissions group accounted for a high of 32.2 percent of the primary treatment admissions in Maine. This was followed distantly by Broward County, where 22.1 percent of total primary treatment admissions were for other opiates. At the low end of the range, other opiates accounted for approximately 2–4 percent of total admissions in Baltimore City, Detroit, Los Angeles, New York City, St. Louis, San Diego, and San Francisco.

While none of the 20 CEWG reporting areas ranked other opiates as being first as primary substances of abuse in percentages of total treatment admissions, in Maine other opiates ranked second. This drug category ranked third in Broward County and Minneapolis/St. Paul and fourth in Atlanta, Boston, and Miami-Dade County (section II, table 2).

**Gender of Other Opiate Admissions.** A majority of primary admissions for other opiates were male in 14 of 20 reporting CEWG areas, with the highest male percentages in Philadelphia (72.1 percent) and New York City (70.5 percent). However, females predominated slightly over males in Atlanta, Denver, Detroit, Phoenix, St. Louis, and Texas among treatment admissions for other opiates (table 12).

**Age of Other Opiate Admissions.** In only 4 of 20 CEWG areas reporting, namely Detroit, San Francisco, Los Angeles, and Baltimore City, a majority of primary other opiate admissions were age 35 or older (approximately 70, 58, 52, and 50 percent, respectively). The age group 25 and younger was more highly represented among other opiate admissions in Maryland (46.4 percent) and Seattle (42.5 percent) than in other CEWG areas (table 12).

## Changes in Other Opiate Admissions, 2007–2010

Of the 18 CEWG areas reporting data on other opiate treatment admissions, 15 reporting areas showed increased percentages of such admissions between 2007 and 2010 (table 13). Increases ranged from less than 1.0 percentage point in Los Angeles, St. Louis, and San Diego, to 6.9, 6.8, and 5.7 percentage points in Maine, Philadelphia, and Maryland, respectively, over the 4-year period. In Minneapolis/St. Paul and Atlanta, increases of 3.5 percentage points and 3.3 percentage points were noted over the 2007–2010 period, with Seattle showing an increase of 2.8 percentage points. All other areas reported increases of from 1.3 to 2.6 percentage points (table 13).

**Table 11. Primary Other Opiate Treatment Admissions in 20 CEWG Areas as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: CY 2010[2]**

| CEWG Areas[3] | Primary Other Opiate Admissions # | Percentage of Total Admissions % |
|---|---|---|
| Atlanta | 595 | 6.6 |
| Baltimore City | 478 | 3.2 |
| Boston | 928 | 4.9 |
| Colorado | 1,715 | 5.8 |
| Denver | 762 | 5.9 |
| Detroit | 203 | 2.3 |
| Los Angeles | 1,373 | 2.8 |
| Maine | 4,372 | 32.2 |
| Maryland | 5,349 | 10.3 |
| Minneapolis/St. Paul | 1,639 | 8.4 |
| New York City | 1,755 | 2.2 |
| Philadelphia | 1,120 | 7.4 |
| Phoenix[4] | 372 | 5.2 |
| St. Louis | 362 | 2.7 |
| San Diego | 576 | 4.1 |
| San Francisco | 716 | 3.1 |
| Seattle | 919 | 6.9 |
| South Florida/Broward County | 1,118 | 22.1 |
| South Florida/Miami-Dade County | 246 | 5.4 |
| Texas | 4,578 | 6.8 |

[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for calendar year (CY) 2010: January–December 2010.
[3]Heroin and Other Opiates are grouped together for Cincinnati and are reported in the Heroin table only. Data for this table were not reported for Cincinnati or Hawaii. For further information see appendix table 1.
[4]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Table 12. Demographic Characteristics of Primary Treatment Admissions for Opiates/Opioids Other Than Heroin in 20 CEWG Areas as a Percentage[1] of Primary Admissions for Opiates/Opioids Other Than Heroin: CY 2010[2]**

| CEWG Areas[3] | Gender[4] | | Age Group | |
|---|---|---|---|---|
| | Percent Male | Percent Female | Percent Younger Than 26 | Percent 35 and Older |
| Atlanta | 47.7 | 52.3 | 32.1 | 35.5 |
| Baltimore City | 52.7 | 47.3 | 20.7 | 50.2 |
| Boston | 64.3 | 35.7 | 25.3 | 40.5 |
| Colorado | 51.2 | 48.8 | 31.8 | 34.4 |
| Denver | 49.1 | 50.9 | 29.0 | 28.5 |
| Detroit | 45.8 | 54.2 | 11.8 | 70.0 |
| Los Angeles | 56.8 | 43.2 | 23.8 | 52.1 |
| Maine | 54.1 | 45.9 | 32.5 | 25.4 |
| Maryland | 58.8 | 41.2 | 46.4 | 24.8 |
| Minneapolis/St. Paul | 53.8 | 46.2 | 30.6 | 34.8 |
| New York City | 70.5 | 29.5 | 35.1 | 36.0 |
| Philadelphia | 72.1 | 27.9 | 32.9 | 26.5[5] |
| Phoenix[6] | 48.1 | 51.9 | 16.1 | 25.8 |
| St. Louis | 47.5 | 52.5 | 27.9 | 34.5 |
| San Diego | 55.2 | 44.8 | 22.6 | 46.7 |
| San Francisco | 51.7 | 42.6 | 6.0 | 58.0 |
| Seattle | 53.1 | 46.9 | 42.5 | 18.6[7] |
| South Florida/Broward County | 61.4 | 38.6 | 28.4 | 28.1 |
| South Florida/Miami-Dade County | 53.7 | 46.3 | 28.0 | 34.1 |
| Texas | 43.0 | 57.0 | 24.3 | 35.4 |

[1]Percentages are rounded to one decimal place.
[2]All areas reported calendar year 2010 data: January–December 2010.
[3]Heroin and Other Opiates are grouped together for Cincinnati and are reported in the Heroin table only. Data for this table were not reported for Hawaii. For further information see appendix table 1.
[4]Percentages may not add to 100 percent due to the presence of unknown gender.
[5]Data from Philadelphia are for 36 and older.
[6]Treatment data for Phoenix do not include admissions younger than 18.
[7]Data from Seattle are for 40 and older.
SOURCE: June 2011 State and local CEWG reports

**Table 13. Treatment Admissions with a Primary Substance Abuse Problem With Opiates Other Than Heroin in 18 CEWG Areas as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for Two Time Periods: 2007–2010 and 2009–2010[1]**

| CEWG Area/State[2] | Years (in Percent) | | | | Percentage-Point Change | |
|---|---|---|---|---|---|---|
| | 2007 | 2008 | 2009 | 2010 | 2007–2010 | 2009–2010 |
| Atlanta[3] | 3.3 | 4.1 | 5.2 | 6.6 | +3.3 | +1.4 |
| Baltimore City[3] | 1.9 | 2.2 | 2.9 | 3.2 | +1.3 | +0.3 |
| Boston[3] | 3.2 | 4.1 | 4.4 | 4.9 | +1.7 | +0.5 |
| Colorado | NR[4] | 3.9 | 5.2 | 5.8 | —[5] | +0.6 |
| Denver | 3.3 | 3.8 | 5.2 | 5.9 | +2.6 | +0.7 |
| Detroit | 1.3 | 1.5 | 2.2 | 2.3 | +1.0 | +0.1 |
| Los Angeles | 2.2 | 1.5 | 2.5 | 2.8 | +0.6 | +0.3 |
| Maine | 25.3 | 30.7 | 28.9 | 32.2 | +6.9 | +3.3 |
| Maryland[3] | 4.6 | 5.7 | 8.0 | 10.3 | +5.7 | +2.3 |
| Minneapolis/St. Paul | 4.9 | 6.2 | 8.3 | 8.4 | +3.5 | +0.1 |
| New York City | 0.9 | 1.2 | 1.5 | 2.2 | +1.3 | +0.7 |
| Philadelphia | 0.6 | 0.9 | 3.5 | 7.4 | +6.8 | +3.9 |
| Phoenix[6] | 3.1 | 3.3 | 4.1 | 5.2 | +2.1 | +1.1 |
| St. Louis | 1.9 | 2.0 | 2.7 | 2.7 | +0.8 | 0.0 |
| San Diego | 3.9 | 3.9 | 3.9 | 4.1 | +0.2 | +0.2 |
| Seattle | 4.1 | 4.3 | 5.6 | 6.9 | +2.8 | +1.3 |
| South Florida/ Broward County | NR[4] | 6.3 | 5.9 | 22.1 | —[5] | +16.2 |
| South Florida/ Miami-Dade | NR[4] | 0.9 | 2.0 | 5.4 | —[5] | +3.4 |

[1]Calendar year (January–December) data.
[2]Noncomparability of data precludes inclusion in this table of Cincinnati and Texas.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]NR=not reported.
[5]Percentage-point changes could not be calculated due to missing data.
[6]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2011 State and local CEWG reports; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 73; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 54; *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 42; and *June 2007 Highlights and Executive Summary Volume I* CEWG report, p 36

In the period from 2009 to 2010, 17 of 18 CEWG areas reporting data for the period showed increases in other opiate admissions. The largest increase was for South Florida/Broward County, at 16.2 percentage points, followed remotely by Philadelphia (3.9 percentage points), South Florida/Miami-Dade County (3.4 percentage points), Maine (3.3 percentage points), and Maryland (2.3 percentage points). No change in proportions of other opiate admissions was observed for St. Louis from 2009 to 2010. Very slight increases (0.5 percentage points or less) were noted for Baltimore City, Boston, Detroit, Los Angeles, Minneapolis/St. Paul, and San Diego over the period (table 13).

## Forensic Laboratory Data on Opiates/Opioids Other Than Heroin (Narcotic Analgesics)

Of the narcotic analgesic/opiate items identified by forensic laboratories across CEWG areas in 2010, oxycodone and hydrocodone were the two most frequently reported in most areas. However, they did not account for more than 10 percent of total drug items identified in any area in 2010 (table 14; figures 21 and 22; appendix table 2).

**Oxycodone.** Maine reported the highest frequency of oxycodone items identified in forensic laboratories in the period (at 9.6 percent), followed by Boston and Seattle (each at 8.8 percent) (table 14). Cincinnati and Atlanta also had relatively high proportions of oxycodone admissions at 7.4 and 6.5 percent, respectively (table 14; figure 21).

Oxycodone ranked third among drug items identified in Atlanta, Maine, and the Miami MSA. It ranked fourth in frequency of drug items identified in forensic laboratories in four other CEWG areas—Boston, Cincinnati, Maryland, and Philadelphia. Oxycodone ranked fifth in Baltimore City, New York City, Phoenix, and Seattle (section II, table 1). In 4 of 23 CEWG areas, oxycodone represented less than 1 percent of the total drug items identified in the reporting period (table 14).

**Hydrocodone.** Hydrocodone ranked fourth among drug items identified in Atlanta and Detroit and fifth among drug items identified in 4 of 23 areas, namely Cincinnati, St. Louis, San Diego, and Texas (section II, table 1). Identified percentages ranged from 5.0 percent in Atlanta and 5.1 percent in Texas to less than 1.0 percent in 9 of 23 areas reporting in 2010 (table 14; figure 22).

**Buprenorphine.** While buprenorphine was seized and analyzed in NFLIS forensic laboratories in all 23 reporting CEWG areas in 2010, only 6 of 23 reporting CEWG areas in 2010 (Baltimore City, Boston, Maine, Maryland, New York City, and Seattle) had at least 1 percent of drug items identified as containing buprenorphine. Percentages were 1.8, 3.3, 3.4, 1.6, 1.1, and 2.1, respectively (table 14). Based on ranking of drug items identified in the NFLIS system, buprenorphine was among the top 10 drugs identified in 13 of 23 areas. It ranked 4th in identified drugs in Baltimore City; 5th in Boston, Maine, and Maryland; 7th in Cincinnati and Seattle; 9th in New York City and Washington, DC; and 10th in Chicago, Detroit, Philadelphia, St. Louis, and San Diego in 2010. In 2007, in none of the three top 10 ranked areas for buprenorphine (Boston, Maryland, and Maine) did buprenorphine place higher than sixth (Boston, at 1.8 percent of total items analyzed) (section II, table 1).

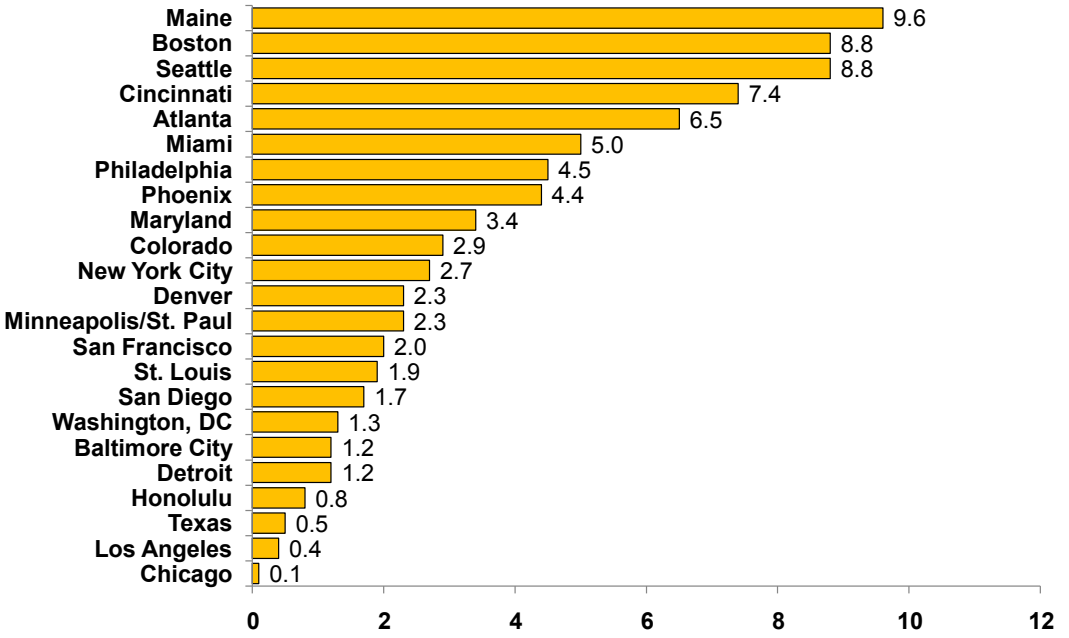
**Methadone.** New York City, Maine, Atlanta, and San Francisco were the only areas reporting a percentage of 1 or higher for methadone drug items, at 1.3, 1.2, 1.0, and 1.0 percent, respectively (table 14). Methadone ranked 8th among identified drugs in New York City and San Francisco; 9th in Maine; and 10th in Baltimore City and Maryland during this reporting period (section II, table 1).

**Table 14. Selected Narcotic Analgesic Items Identified by Forensic Laboratories in 23 CEWG Areas, by Number and Percentage of Total Items Identified: CY 2010[1]**

| CEWG Area | Oxycodone | | Hydrocodone | | Methadone | | Fentanyl | | Buprenorphine | | Total Items |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | # | (%) | # | (%) | # | (%) | # | (%) | # | (%) | |
| Atlanta | 577 | 6.5 | 443 | 5.0 | 87 | 1.0 | — | — | 28 | 0.3 | 8,942 |
| Baltimore City | 403 | 1.2 | 31 | 0.1 | 91 | 0.3 | — | — | 604 | 1.8 | 34,038 |
| Boston | 2,073 | 8.8 | 221 | 0.9 | 160 | 0.7 | 14 | 0.1 | 785 | 3.3 | 23,604 |
| Chicago | 94 | 0.1 | 516 | 0.6 | 105 | 0.1 | 1 | 0.0 | 147 | 0.2 | 80,530 |
| Cincinnati | 1,013 | 7.4 | 347 | 2.5 | 68 | 0.5 | 11 | 0.1 | 105 | 0.8 | 13,730 |
| Colorado | 322 | 2.9 | 186 | 1.7 | 26 | 0.2 | 9 | 0.1 | 13 | 0.1 | 11,125 |
| Denver | 161 | 2.3 | 87 | 1.2 | 12 | 0.2 | 3 | 0.0 | 7 | 0.1 | 6,981 |
| Detroit | 99 | 1.2 | 325 | 4.0 | 18 | 0.2 | 3 | 0.0 | 30 | 0.4 | 8,187 |
| Honolulu | 11 | 0.8 | 8 | 0.6 | 2 | 0.1 | — | — | 1 | 0.1 | 1,447 |
| Los Angeles | 161 | 0.4 | 588 | 1.3 | 49 | 0.1 | 1 | 0.0 | 20 | 0.1 | 44,443 |
| Maine | 90 | 9.6 | 18 | 1.9 | 11 | 1.2 | — | — | 32 | 3.4 | 942 |
| Maryland | 2,287 | 3.4 | 282 | 0.4 | 287 | 0.4 | 5 | 0.0 | 1,082 | 1.6 | 67,313 |
| Miami | 1,256 | 5.0 | 145 | 0.6 | 52 | 0.2 | — | — | 37 | 0.2 | 25,091 |
| Minneapolis/ St. Paul | 133 | 2.3 | 61 | 1.1 | 33 | 0.6 | 1 | 0.0 | 17 | 0.3 | 5,816 |
| New York City | 1,400 | 2.7 | 381 | 0.7 | 662 | 1.3 | 6 | 0.0 | 567 | 1.1 | 51,730 |
| Philadelphia | 1,509 | 4.5 | 191 | 0.6 | 116 | 0.4 | 7 | 0.0 | 164 | 0.5 | 33,435 |
| Phoenix | 422 | 4.4 | 214 | 2.2 | 24 | 0.3 | — | — | 66 | 0.7 | 9,553 |
| St. Louis | 333 | 1.9 | 433 | 2.5 | 43 | 0.2 | 3 | 0.0 | 162 | 0.9 | 17,659 |
| San Diego | 366 | 1.7 | 579 | 2.7 | 95 | 0.4 | 3 | 0.0 | 124 | 0.6 | 21,395 |
| San Francisco | 240 | 2.0 | 428 | 3.5 | 118 | 1.0 | 5 | 0.0 | 19 | 0.2 | 12,113 |
| Seattle | 137 | 8.8 | 30 | 1.9 | 11 | 0.7 | 8 | 0.5 | 33 | 2.1 | 1,553 |
| Texas | 482 | 0.5 | 5,034 | 5.1 | 281 | 0.3 | 11 | 0.0 | 127 | 0.1 | 97,925 |
| Washington, DC | 49 | 1.3 | 4 | 0.1 | 14 | 0.4 | 1 | 0.0 | 29 | 0.7 | 3,876 |

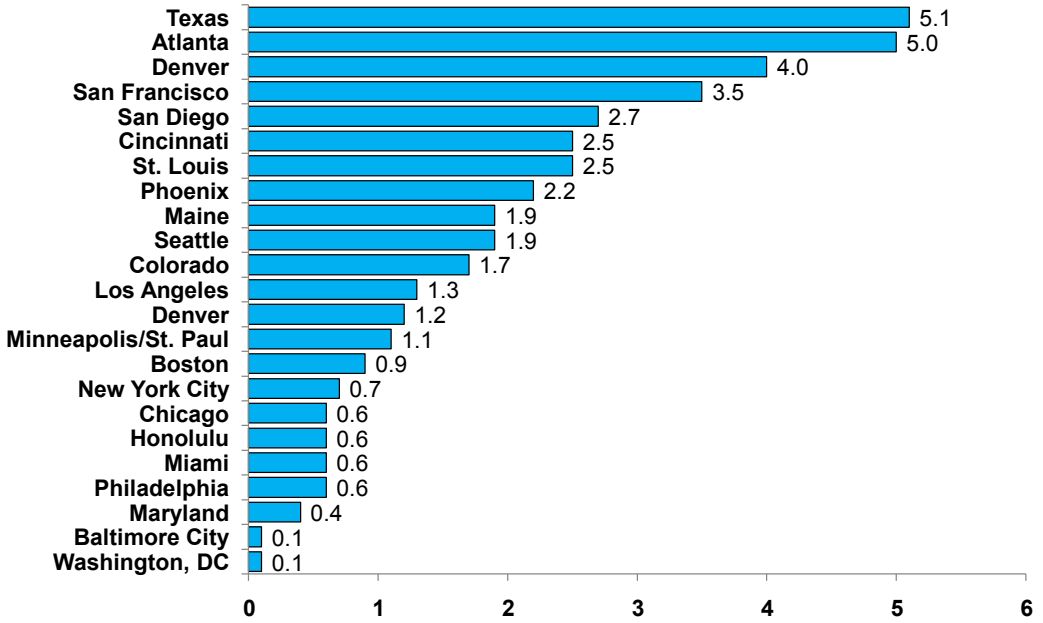
[1]Data are for January–December 2010.
SOURCE: NFLIS, DEA, data for Atlanta, Detroit, New York City, Philadelphia, Phoenix, San Diego, Seattle, and Washington, DC, were retrieved on May 3, 2011; data for all other areas were retrieved on May 2, 2011; see appendix table 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

**Figure 21. Oxycodone Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

**Figure 22. Hydrocodone Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

# Benzodiazepines/Depressants

## Treatment Admissions Data on Benzodiazepines

In most CEWG area treatment data systems, benzodiazepines are included with other depressants, barbiturates, and sedative/hypnotics; these admissions continued to account for small proportions of total treatment admissions. However, some CEWG areas noted that benzodiazepines or sedative/hypnotics were secondary or tertiary drugs of abuse among some treatment admissions.

Table 15 shows proportions of primary benzodiazepine treatment admissions for seven areas reporting such admissions at 1.0 percent of total substance abuse treatment admissions or more. Percentages ranged from 1.0 percent in Maryland to 4.8 percent in Philadelphia. In none of the CEWG areas reporting benzodiazepine admissions as a separate category in treatment data (*n*=16) were these admissions ranked higher than sixth among primary drugs of abuse. Benzodiazepines ranked in sixth place in the proportion of total substance abuse admissions in 2010 in Baltimore City, Boston, and Cincinnati (section II, table 2).

## Forensic Laboratory Data on Benzodiazepines

Three benzodiazepine-type items—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified by forensic laboratories in 23 CEWG areas in the 2009 reporting period. Table 16 shows the numbers and percentages of drug items containing alprazolam, clonazepam, and diazepam in each of the reporting CEWG areas.

**Table 15. Primary Benzodiazepine Treatment Admissions in Seven CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions[1]: CY 2010[2]**

| CEWG Areas[3] | Primary Benzodiazepine Admissions # | Percentage of Total Admissions % |
|---|---|---|
| Atlanta | 205 | 2.3 |
| Boston | 244 | 1.3 |
| Maryland | 502 | 1.0 |
| Philadelphia | 738 | 4.8 |
| South Florida/Broward County | 101 | 2.0 |
| South Florida/Miami-Dade County | 71 | 1.6 |
| Texas | 853 | 1.3 |

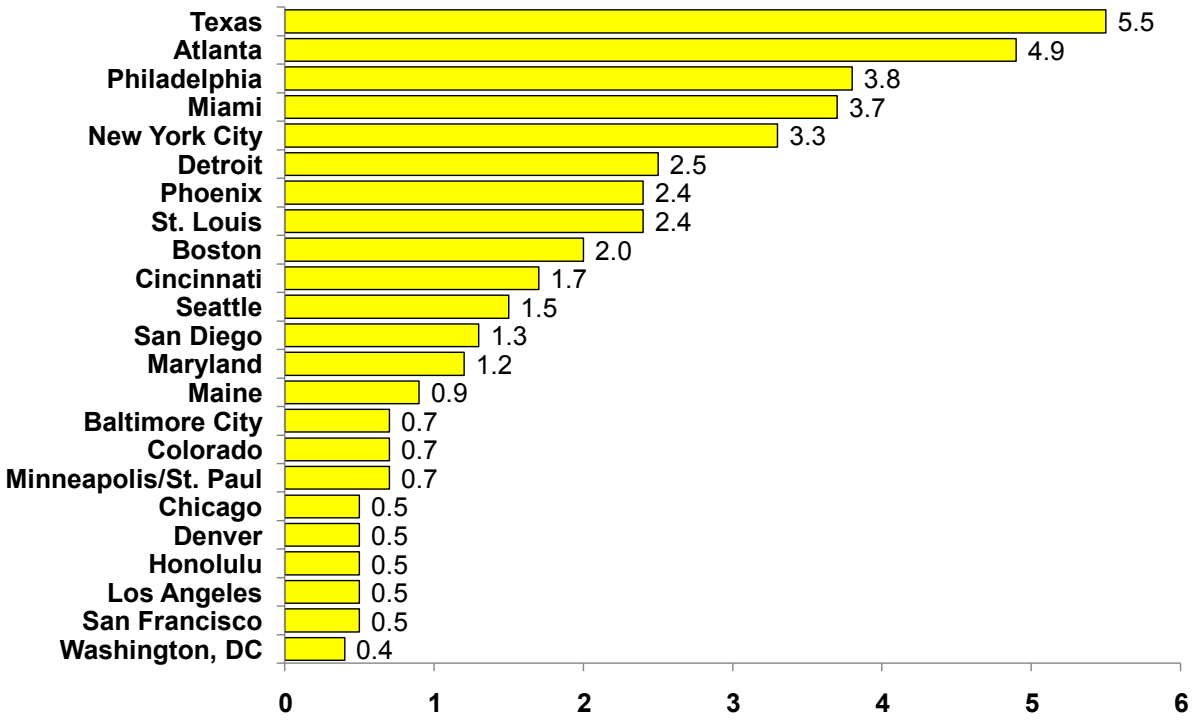
[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for calendar year (CY) 2010: January–December 2010.
[3]Data for this table were not reported for areas with benzodiazepine-related primary treatment admissions of less than 1 percent and for those areas where benzodiazepines are not reported separately from other substance abuse treatment admissions. For further information, see appendix table 1.
SOURCE: June 2011 State and local CEWG reports

**Alprazolam.** In the 22 CEWG areas for which NFLIS data were reported for 2010, the highest percentages of alprazolam drug items identified were in Texas (5.5 percent) and Atlanta (4.9 percent), followed by Philadelphia (3.8 percent), Miami (3.7 percent), and New York City (3.3 percent). Alprazolam drug items were reported at 1.0–2.5 percent in Boston, Cincinnati, Detroit, Maryland, Phoenix, St. Louis, San Diego, and Seattle and at less than 1.0 percent in the remaining 10 reporting CEWG areas (table 16; figure 23). In section II, table 1, which shows the rankings of the most frequently reported drugs in NFLIS data for 2010, alprazolam ranked fourth in frequency among the top 10 drug items identified in Miami, New York City, and Texas and fifth in Atlanta, Philadelphia, and Detroit.

**Clonazepam.** Drug items containing clonazepam accounted for 2.7 percent of all drug items analyzed by NFLIS laboratories in Boston. Its presence was minimal in the 22 other CEWG areas (table 16). In Boston, clonazepam figured as the sixth most frequently identified drug in forensic laboratories in 2010. Clonazepam ranked 8th in Baltimore City, Cincinnati, Maryland, and Philadelphia and was in 10th place in New York City, Phoenix, and Texas (section II, table 1).

**Diazepam.** Drug items containing diazepam accounted for less than 1.0 percent of all drug items in 22 CEWG areas (table 16), the exception being Detroit, where 1.2 percent of all drug items seized and identified in 2010 contained benzodiazepines. However, diazepam ranked 10th in San Francisco among drug items identified in NFLIS forensic laboratories in calendar year 2010 (section II, table 1).

**Figure 23. Alprazolam Items Seized and Identified n Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

**Table 16. Number of Selected Benzodiazepine Items Identified by Forensic Laboratories in 23 CEWG Areas, by Number and Percentage of Total Items Identified: CY 2010[1]**

| CEWG Area | Alprazolam | | Clonazepam | | Diazepam | | Total Items |
|---|---|---|---|---|---|---|---|
| | # | (%) | # | (%) | # | (%) | |
| Atlanta | 436 | 4.9 | 64 | 0.7 | 55 | 0.6 | 8,942 |
| Baltimore City | 248 | 0.7 | 136 | 0.4 | 21 | 0.1 | 34,038 |
| Boston | 465 | 2.0 | 644 | 2.7 | 122 | 0.5 | 23,604 |
| Chicago | 372 | 0.5 | 90 | 0.1 | 51 | 0.1 | 80,530 |
| Cincinnati | 236 | 1.7 | 98 | 0.7 | 71 | 0.5 | 13,730 |
| Colorado | 99 | 0.7 | 57 | 0.5 | 40 | 0.4 | 11,125 |
| Denver | 38 | 0.5 | 36 | 0.5 | 20 | 0.3 | 6,981 |
| Detroit | 201 | 2.5 | 10 | 0.1 | 18 | 1.2 | 8,187 |
| Honolulu | 7 | 0.5 | 1 | 0.1 | 2 | 0.1 | 1,447 |
| Los Angeles | 232 | 0.5 | 66 | 0.2 | 98 | 0.2 | 44,443 |
| Maine | 8 | 0.9 | 8 | 0.9 | 4 | 0.4 | 942 |
| Maryland | 841 | 1.2 | 351 | 0.5 | 179 | 0.3 | 67,313 |
| Miami | 916 | 3.7 | 46 | 0.2 | 57 | 0.2 | 25,091 |
| Minneapolis/ St. Paul | 39 | 0.7 | 26 | 0.5 | 19 | 0.3 | 5,816 |
| New York City | 1,721 | 3.3 | 470 | 0.9 | 87 | 0.2 | 51,730 |
| Philadelphia | 1,270 | 3.8 | 235 | 0.7 | 107 | 0.3 | 33,435 |
| Phoenix | 227 | 2.4 | 77 | 0.8 | 51 | 0.5 | 9,553 |
| St. Louis | 420 | 2.4 | 99 | 0.6 | 85 | 0.5 | 17,659 |
| San Diego | 287 | 1.3 | 115 | 0.5 | 115 | 0.5 | 21,395 |
| San Francisco | 58 | 0.5 | 67 | 0.5 | 80 | 0.7 | 12,113 |
| Seattle | 24 | 1.5 | 13 | 0.8 | 5 | 0.3 | 1,553 |
| Texas | 5,399 | 5.5 | 842 | 0.9 | 459 | 0.5 | 97,925 |
| Washington, DC | 16 | 0.4 | 4 | 0.1 | 5 | 0.1 | 3,876 |

[1]Data are for January–December 2010.
SOURCE: NFLIS, DEA, data for Atlanta, Detroit, New York City, Philadelphia, Phoenix, San Diego, Seattle, and Washington, DC, were retrieved on May 3, 2011; data for all other areas were retrieved on May 2, 2011; see appendix table 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

# Methamphetamine

## Treatment Admissions Data on Methamphetamine

Data on primary methamphetamine treatment admissions in the 2010 reporting period were available and reported for 12 CEWG areas (where methamphetamine was the major substance of abuse in at least 1.0 percent of total admissions)[23]. As a percentage of total treatment admissions, Hawaii had the highest proportion of methamphetamine admissions, at 34.4 percent, followed by San Diego, at 29.2 percent (table 17; appendix table 1). In the same period, primary methamphetamine admissions accounted for approximately 12–20 percent of total primary admissions in Colorado, Denver, Los Angeles, Phoenix, and San Francisco. Ten CEWG areas, all east of the Mississippi River (Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, South Florida/Broward County, and South Florida/Miami-Dade County) reported that less than 1.0 percent of admissions were for primary methamphetamine abuse (data not shown). Based on

**Table 17. Primary Methamphetamine Treatment Admissions in 12 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions[1], Including Primary Alcohol Admissions: CY 2010[2]**

| CEWG Areas[3] | Primary Methamphetamine Admissions | Percentage of Total Admissions |
|---|---|---|
| | # | % |
| Atlanta | 468 | 5.2 |
| Colorado | 4,322 | 14.6 |
| Denver | 1,520 | 11.7 |
| Hawaii[4] | 3,170 | 34.4 |
| Los Angeles | 7,994 | 16.4 |
| Minneapolis/St. Paul | 1,259 | 6.4 |
| Phoenix[5] | 1,406 | 19.8 |
| St. Louis | 382 | 2.8 |
| San Diego | 4,058 | 29.2 |
| San Francisco | 4,391 | 18.7 |
| Seattle | 1,249 | 9.3 |
| Texas[4] | 6,015 | 9.0 |

[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for calendar year 2010: January–December 2010.
[3]Data for CEWG areas where primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. For further information, see appendix table 1.
[4]Hawaii reported combined methamphetamine and stimulants admissions. Methamphetamine and amphetamine are grouped together in Texas data.
[5]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

[23]Data for 10 areas were excluded due to small numbers (less than 1.0 percent of admissions were for methamphetamine).

rankings of primary drugs as a percentage of total treatment admissions, including primary alcohol admissions, methamphetamine ranked first in Hawaii and San Diego; second in San Francisco; third in Colorado, Denver, and Phoenix; and fourth in Los Angeles (section II, table 2).

**Route of Administration of Methamphetamine.** In the 10 CEWG areas represented in table 18, smoking was the most common mode of administering methamphetamine among primary methamphetamine admissions in all areas. Smoking was reported at levels ranging from 50.3 percent in St. Louis to 78.1 percent in Los Angeles, with relatively high percentages of smoking reported in San Diego (75.4 percent), San Francisco (73.7 percent), and Phoenix (73.5 percent).

St. Louis had the highest percentage of methamphetamine treatment admissions who injected the drug (at 40.1 percent), while the highest percentages reporting inhalation as the primary route of methamphetamine administration were in Minneapolis/St. Paul, at 15.4 percent, and Denver, at 14.3 percent (table 18).

**Gender of Methamphetamine Admissions.** In 8 of 11 CEWG areas reporting on the gender of primary methamphetamine admissions, males represented the majority. The largest proportions of male methamphetamine admissions were in Seattle and Minneapolis/St. Paul, at approximately

**Table 18. Primary Route of Administration of Methamphetamine Among Treatment Admissions in 10 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions: CY 2010[2]**

| CEWG Areas[3] | Smoked | | Inhaled | | Injected | | Oral/Other/ Unknown | | Total *N* |
|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | |
| Atlanta | 269 | 57.5 | 49 | 10.5 | 94 | 20.1 | 56 | 12.0 | 468 |
| Colorado | 2,718 | 62.9 | 450 | 10.4 | 1,059 | 24.5 | 95 | 2.2 | 4,322 |
| Denver | 859 | 56.5 | 217 | 14.3 | 408 | 26.8 | 36 | 2.4 | 1,520 |
| Los Angeles | 6,244 | 78.1 | 936 | 11.7 | 577 | 7.2 | 237 | 3.0 | 7,994 |
| Minneapolis/ St. Paul | 897 | 71.2 | 68 | 15.4 | 227 | 18.0 | 67 | 15.3 | 1,259 |
| Phoenix[4] | 1,033 | 73.5 | 92 | 6.5 | 152 | 10.8 | 129 | 9.2 | 1,406 |
| St. Louis | 192 | 50.3 | 22 | 5.8 | 153 | 40.1 | 15 | 3.9 | 382 |
| San Diego | 3,058 | 75.4 | 286 | 7.0 | 676 | 16.7 | 38 | 0.9 | 4,058 |
| San Francisco | 3,234 | 73.7 | 378 | 8.6 | 684 | 15.6 | 10 | 0.2 | 4,391 |
| Texas[5] | 3,110 | 51.7 | 421 | 7.0 | 2,189 | 36.4 | 295 | 4.9 | 6,015 |

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2010: January–December 2010.
[3]No data were available for Hawaii or Seattle, while cases reported in CEWG areas where percentages of primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. For further information, see appendix table 1.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]Methamphetamine and amphetamine are grouped together in Texas data.
SOURCE: June 2011 State and local CEWG reports

69 and 63 percent, respectively. In 3 of 11 reporting areas (Atlanta, Phoenix, and Texas), females predominated among primary methamphetamine admissions, representing 61.5, 57.5, and 56.3 percent of treatment admissions, respectively (table 19).

**Age of Methamphetamine Admissions.** In the 11 CEWG areas reporting more than 1.0 percent of total admissions for which age of methamphetamine admissions was reported, San Francisco (49.5 percent) and San Diego (49.1 percent) had the highest proportions of methamphetamine admissions 35 and older. Atlanta, Los Angeles, and Minneapolis/St. Paul had the highest proportions of methamphetamine admissions 25 and younger (approximately 27–31 percent) (table 19).

## Changes in Methamphetamine Admissions, 2007–2010

Table 20 compares percentages of primary methamphetamine substance abuse treatment admissions for 10 CEWG areas where primary methamphetamine admissions accounted for 1.0 percent or more of total admissions and for which data were available for two time periods, 2007–2010 and

**Table 19. Demographic Characteristics of Primary Methamphetamine Treatment Admissions in 11 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Substance Abuse Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions: CY 2010[2]**

| CEWG Areas[3] | Gender | | Age Group | |
|---|---|---|---|---|
| | Percent Male | Percent Female | Percent Younger Than 26 | Percent 35 and Older |
| Atlanta | 38.5 | 61.5 | 30.6 | 37.2 |
| Colorado | 52.3 | 47.7 | 20.7 | 39.0 |
| Denver | 55.7 | 44.3 | 18.5 | 42.7 |
| Los Angeles | 53.6 | 46.4 | 27.2 | 37.0 |
| Minneapolis/St. Paul | 63.0 | 37.0 | 27.1 | 34.9 |
| Phoenix[4] | 42.5 | 57.5 | 11.6 | 31.9 |
| St. Louis | 52.1 | 47.9 | 18.1 | 44.2 |
| San Diego | 53.7 | 46.3 | 18.0 | 49.1 |
| San Francisco[5] | 60.9 | 39.1 | suppressed[5] | 49.5 |
| Seattle | 69.1 | 30.9 | 21.1 | 28.9[6] |
| Texas[7] | 43.7 | 56.3 | 21.4 | 39.2 |

[1]Percentages are rounded to the first decimal place.
[2]Data are for calendar year 2010: January–December 2010.
[3]Data on methamphetamine admissions by gender and age group were not available for Hawaii; cases reported in CEWG areas where primary methamphetamine admissions represented less than 1.0 percent of total substance abuse treatment admissions were not included in this table. For further information, see appendix table 1.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]San Francisco suppresses data in cells where one or more counties had less than 16 observations. This affects mainly data in the 17 and younger age group.
[6]Data from Seattle are for 40 and older.
[7]Methamphetamine and amphetamine are grouped together in Texas data.
SOURCE: June 2011 State and local CEWG reports

2009–2010. Eight of the 10 areas showed declines in methamphetamine admissions from 2007 to 2010. The largest percentage-point decrease in methamphetamine-related primary admissions over the 4-year period was in Phoenix, at 8.8 percentage points. San Diego and Los Angeles experienced declines in methamphetamine admissions of 6.4 and 6.5 percentage points, respectively, over the period. In one area, St. Louis, a marginal increase of 0.3 percentage points was shown.

In the more recent period from 2009 to 2010, 6 of the 10 reporting areas had increases in primary methamphetamine treatment admissions. Seattle had the largest increase in methamphetamine admissions (2.4 percentage points) from 2009 to 2010. Three areas, Hawaii, Los Angeles, and Phoenix, showed declines in methamphetamine admissions of 7.6, 1.5, and 1.2 percentage points, respectively, during the period. One area, San Diego, showed no change over the 2009–2010 period (table 20).

**Table 20. Primary Methamphetamine Treatment Admissions in 10 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions, and Percentage-Point Changes for Two Time Periods: 2007–2010 and 2009–2010[1]**

| | Years (in Percent) | | | | Percentage-Point Change | |
|---|---|---|---|---|---|---|
| CEWG Area/State[2] | 2007 | 2008 | 2009 | 2010 | 2007–2010 | 2009–2010 |
| Atlanta[3] | 6.8 | 4.9 | 4.9 | 5.2 | -1.6 | +0.3 |
| Colorado | NR[4] | 15.8 | 14.5 | 14.6 | —[5] | +0.1 |
| Denver | 13.9 | 12.7 | 11.5 | 11.7 | -2.2 | +0.2 |
| Hawaii[6] | 36.4 | 31.9 | 42.0 | 34.4 | -2.0 | -7.6 |
| Los Angeles | 22.9 | 19.0 | 17.9 | 16.4 | -6.5 | -1.5 |
| Minneapolis/St. Paul | 6.7 | 5.7 | 5.5 | 6.4 | -0.3 | +0.9 |
| Phoenix[7] | 28.6 | 24.5 | 21.0 | 19.8 | -8.8 | -1.2 |
| St. Louis | 2.5 | 2.7 | 2.5 | 2.8 | +0.3 | +0.3 |
| San Diego | 35.6 | 30.7 | 29.2 | 29.2 | -6.4 | 0.0 |
| Seattle | 11.0 | 9.5 | 6.9 | 9.3 | -1.7 | +2.4 |

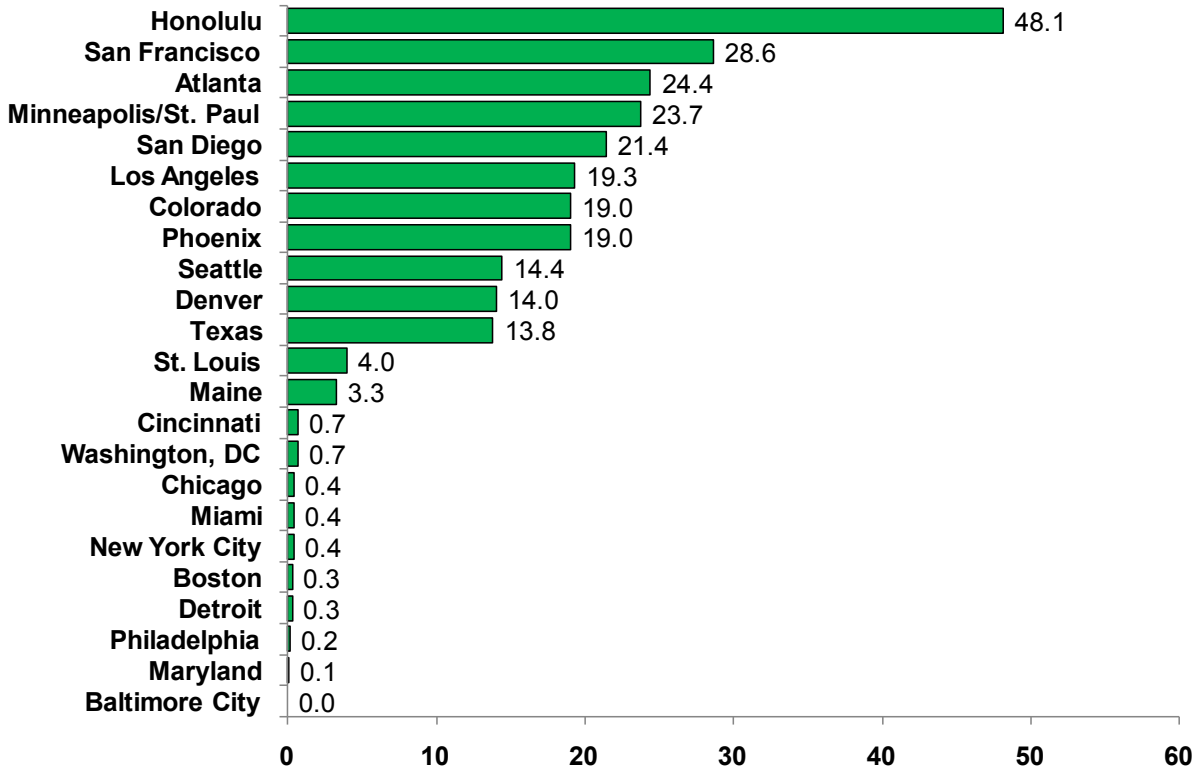
[1]Calendar year (January–December) data.
[2]Data for CEWG areas were not included in this table when data were not available for 3 or more years in the period, were not comparable over time, or where primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions. Chicago, San Francisco, and Colorado showed a lack of data for all years. For further information, see appendix table 1.
[3]Data do not match data contained in previous June reports, as these data were updated by the area representative.
[4]NR=not reported.
[5]Percentage-point changes could not be calculated due to missing data.
[6]Hawaii reported combined methamphetamine and stimulants admissions.
[7]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2011 State and local CEWG reports; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 82; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 67; *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 72; and *June 2007 Highlights and Executive Summary Volume I* CEWG report, p. 45

## Forensic Laboratory Data on Methamphetamine

In 2010, forensic laboratory data for CEWG reporting areas (figure 24 and on the map in section II, figure 5) show that methamphetamine was the drug identified most frequently in Honolulu (48.1 percent of total drug items). Items containing methamphetamine were next most frequently identified among total drug items in San Francisco (28.6 percent), Atlanta (24.4 percent), and Minneapolis/St. Paul (23.7 percent) (figure 24). In 10 of the CEWG reporting areas, less than 1.0 percent of the total drug items contained methamphetamine; all were in areas east of the Mississippi River (figure 24; section II, figure 5; appendix table 2).

Methamphetamine ranked first among drug items identified in Honolulu and San Francisco; second in Atlanta, Minneapolis/St. Paul, Phoenix, San Diego, and Seattle; and third in four CEWG areas—Colorado, Denver, Los Angeles, and Texas in this reporting period (section II, table 1).

**Figure 24. Methamphetamine Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

# Marijuana/Cannabis

## Treatment Admissions Data on Marijuana/Cannabis

In the 2010 reporting period, marijuana/cannabis ranked as the most frequently reported drug by primary treatment admissions in 4 of the 22 CEWG reporting areas, when primary alcohol admissions were included in the total (section II, table 2); these were Miami-Dade and Broward Counties in South Florida, Los Angeles, and Philadelphia. Marijuana/cannabis ranked second among primary drugs of admission in eight areas (Atlanta, Cincinnati, Colorado, Denver, Minneapolis/St. Paul, New York City, Seattle, and Texas) (section II, table 2).

As shown in table 21, South Florida/Miami-Dade County had the highest percentage of primary marijuana/cannabis treatment admissions, including primary alcohol admissions, at 38.3 percent, followed closely by Broward County, at 33.3 percent (also see appendix table 1). The lowest proportion of marijuana/cannabis treatment admissions was reported in Boston, at 4.0 percent.

**Gender of Marijuana/Cannabis Admissions.** Males predominated in all 21 CEWG areas reporting on the gender of primary marijuana/cannabis admissions in 2010 (table 22). The proportion of males ranged from a high of approximately 82 percent of marijuana/cannabis admissions in Philadelphia to lows of approximately 65 percent in Detroit and Phoenix.

**Age of Marijuana/Cannabis Admissions.** Across 17 of the 21 CEWG areas for which age distributions were reported, the majority of primary marijuana/cannabis treatment admissions were 25 and younger. Exceptions were New York City, Philadelphia, and Phoenix. South Florida/Miami-Dade County, Los Angeles, and San Diego had the highest proportion of primary marijuana/cannabis treatment admissions who were younger than 18, at more than one-half (60.0, 57.6, and 54.7 percent, respectively). Phoenix (43.5 percent) and Boston (41.5 percent) had the highest proportions of marijuana/cannabis admissions in the next youngest age group, 18–25. Older primary marijuana/cannabis treatment admissions (35 and older) were highest in Philadelphia, at 29.7 percent, followed by Boston and New York City, at approximately 22–23 percent (table 22).

### *Changes in Marijuana/Cannabis Admissions, 2007–2010*

Table 23 compares percentages of primary marijuana/cannabis treatment admissions, including primary alcohol admissions, for 19 CEWG areas for which data were available for two time periods, 2007–2010 and 2009–2010. Over the 4-year period, primary marijuana/cannabis treatment admissions decreased as a percentage of total admissions in three of the reporting areas—Maine, Detroit, and Boston—with the largest decrease in Maine, at 1.5 percentage points. Conversely, 2007–2010 proportions of primary marijuana/cannabis admissions increased in 13 reporting areas. The largest increases were found for New York City, Los Angeles, and Hawaii, at 6.1, 5.7, and 4.2 percentage points, respectively (table 23).

In the more recent period from 2009 to 2010, for which data were available for 19 CEWG areas, increases in marijuana/cannabis admissions were observed for 14 areas, with declines for Philadelphia (2.8 percentage points), South Florida/Broward County (2.5 percentage points), Hawaii

(2.4 percentage points), San Diego (1.4 percentage points), and Boston (0.3 percentage points). The largest increases in the most recent period were for New York City, at 2.4 percentage points; Phoenix, at 2.0 percentage points; and Baltimore City, at 1.6 percentage points. Increases of less than 2.0 percentage points were found in the remaining 11 of 19 CEWG reporting areas (table 23).

**Table 21. Primary Marijuana Treatment Admissions in 22 CEWG Areas as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions[1]: CY 2010[2]**

| CEWG Areas | Primary Marijuana Admissions # | Percentage of Total Admissions % |
|---|---|---|
| Atlanta | 1,677 | 18.7 |
| Baltimore City | 2,007 | 13.5 |
| Boston | 757 | 4.0 |
| Cincinnati | 1,384 | 27.0 |
| Colorado | 6,518 | 22.0 |
| Denver | 3,133 | 24.2 |
| Detroit | 1,322 | 15.2 |
| Hawaii | 2,423 | 26.3 |
| Los Angeles | 11,696 | 24.0 |
| Maine | 1,275 | 9.4 |
| Maryland | 9,966 | 19.2 |
| Minneapolis/St. Paul | 3,578 | 18.3 |
| New York City | 22,071 | 27.4 |
| Philadelphia | 3,486 | 22.9 |
| Phoenix[3] | 1,197 | 16.9 |
| St. Louis | 2,923 | 21.5 |
| San Diego | 2,570 | 18.5 |
| San Francisco | 2,388 | 10.2 |
| Seattle | 2,497 | 18.6 |
| South Florida/Broward County | 1,689 | 33.3 |
| South Florida/Miami-Dade County | 1,741 | 38.3 |
| Texas | 17,472 | 26.1 |

[1]More information on these data is available in the footnotes and notes for appendix table 1.
[2]Data are for the calendar year 2010: January–December 2010.
[3]Treatment data for Phoenix do not include admissions younger than 18.
SOURCE: June 2011 State and local CEWG reports

**Table 22. Demographic Characteristics of Primary Marijuana Treatment Admissions in 21 CEWG Areas, as a Percentage of Total Marijuana Admissions[1]: CY 2010[2]**

| CEWG Areas[3] | Gender[4] | | Age Group[4] | | | |
|---|---|---|---|---|---|---|
| | Percent Male | Percent Female | Percent Younger Than 18 | Percent 18–25 | Percent 26–34 | Percent 35 and Older |
| Atlanta | 68.3 | 20.9 | 22.3 | 37.1 | 23.8 | 16.8 |
| Baltimore City | 79.4 | 20.6 | 39.2 | 28.7 | 18.9 | 13.1 |
| Boston | 76.1 | 23.9 | 10.7 | 41.5 | 25.4 | 22.5 |
| Cincinnati | 72.8 | 27.2 | 42.7 | 27.5 | 17.5 | 12.3 |
| Colorado | 76.5 | 23.5 | 31.8 | 32.0 | 20.8 | 15.4 |
| Denver | 78.4 | 21.6 | 35.6 | 29.6 | 20.1 | 14.7 |
| Detroit | 65.0 | 35.0 | 24.8 | 31.8 | 23.6 | 19.7 |
| Los Angeles | 67.7 | 32.2 | 57.6 | 19.4 | 10.7 | 12.1 |
| Maine | 71.6 | 28.4 | 25.7 | 33.7 | 21.6 | 18.9 |
| Maryland | 78.3 | 21.7 | 35.3 | 37.2 | 17.3 | 10.2 |
| Minneapolis/ St. Paul | 79.7 | 20.3 | 31.0 | 37.1 | 18.5 | 13.3 |
| New York City | 77.3 | 22.7 | 10.4 | 36.2 | 30.6 | 22.8 |
| Philadelphia | 81.9 | 18.1 | 3.4 | 32.1 | 34.8[5] | 29.7[5] |
| Phoenix[6] | 64.8 | 35.2 | 0.0 | 43.5 | 38.0 | 18.5 |
| St. Louis | 74.8 | 25.1 | 24.0 | 31.8 | 26.2 | 18.0 |
| San Diego | 76.1 | 23.9 | 54.7 | 20.9 | 13.5 | 10.9 |
| San Francisco | 72.6 | 27.4 | 44.9 | 24.6 | 15.0 | 14.2 |
| Seattle | 79.1 | 20.9 | 39.4 | 25.4 | 24.2[7] | 11.0[7] |
| South Florida/ Broward County | 77.6 | 22.4 | 46.9 | 30.1 | 13.0 | 10.1 |
| South Florida/ Miami-Dade County | 74.6 | 25.4 | 60.0 | 21.7 | 11.7 | 6.6 |
| Texas | 70.8 | 29.2 | 36.1 | 33.4 | 19.8 | 10.6 |

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2010: January–December 2010.
[3]No data were available for Hawaii. For further information see appendix table 1.
[4]Percentages may not add to 100 percent due to the presence of unknown gender or age.
[5]The age ranges are 26–35 and 36 and older for Philadelphia.
[6]Treatment data for Phoenix do not include admissions younger than 18; therefore, reports of treatment admissions for clients younger than 18 do not apply to Phoenix.
[7]The age ranges are 26–39 and 40 and older for Seattle.
SOURCE: June 2011 State and local CEWG reports

**Table 23. Primary Marijuana Treatment Admissions as a Percentage of Total Admissions in 19 CEWG Areas and Percentage-Point Changes for Two Time Periods: 2007–2010 and 2009–2010[1]**

| CEWG Area/State[2] | Years (in Percent) | | | | Percentage-Point Change | |
|---|---|---|---|---|---|---|
| | 2007 | 2008 | 2009 | 2010 | 2007–2010 | 2009–2010 |
| Atlanta[3] | 17.1 | 17.6 | 18.5 | 18.7 | +1.6 | +0.2 |
| Baltimore City[3] | 11.3 | 10.8 | 11.9 | 13.5 | +2.2 | +1.6 |
| Boston[3] | 4.2 | 4.1 | 4.3 | 4.0 | -0.2 | -0.3 |
| Colorado | NR[4] | 21.5 | 21.6 | 22.0 | —[5] | +0.4 |
| Denver | 23.5 | 23.6 | 23.3 | 24.2 | +0.7 | +0.9 |
| Detroit | 15.5 | 13.9 | 14.9 | 15.2 | -0.3 | +0.3 |
| Hawaii | 22.1 | 22.3 | 28.7 | 26.3 | +4.2 | -2.4 |
| Los Angeles | 18.3 | 19.9 | 23.0 | 24.0 | +5.7 | +1.0 |
| Maine | 10.9 | 10.1 | 9.0 | 9.4 | -1.5 | +0.4 |
| Maryland[3] | 17.9 | 18.5 | 18.6 | 19.2 | +1.3 | +0.6 |
| Minneapolis/St. Paul | 16.1 | 16.6 | 18.1 | 18.3 | +2.2 | +0.2 |
| New York City | 21.3 | 23.1 | 25.0 | 27.4 | +6.1 | +2.4 |
| Philadelphia | 22.3 | 24.4 | 25.7 | 22.9 | +0.6 | -2.8 |
| Phoenix[6] | 13.1 | 14.1 | 14.9 | 16.9 | +3.8 | +2.0 |
| St. Louis | 20.3 | 23.7 | 21.3 | 21.5 | +1.2 | +0.2 |
| San Diego | 15.6 | 18.9 | 19.9 | 18.5 | +2.9 | -1.4 |
| Seattle | 16.2 | 16.4 | 18.4 | 18.6 | +2.4 | +0.2 |
| South Florida/ Broward County | NR[4] | 38.5 | 35.8 | 33.3 | —[5] | -2.5 |
| South Florida/ Miami-Dade County | NR[4] | 29.0 | 38.2 | 38.3 | —[5] | +0.1 |

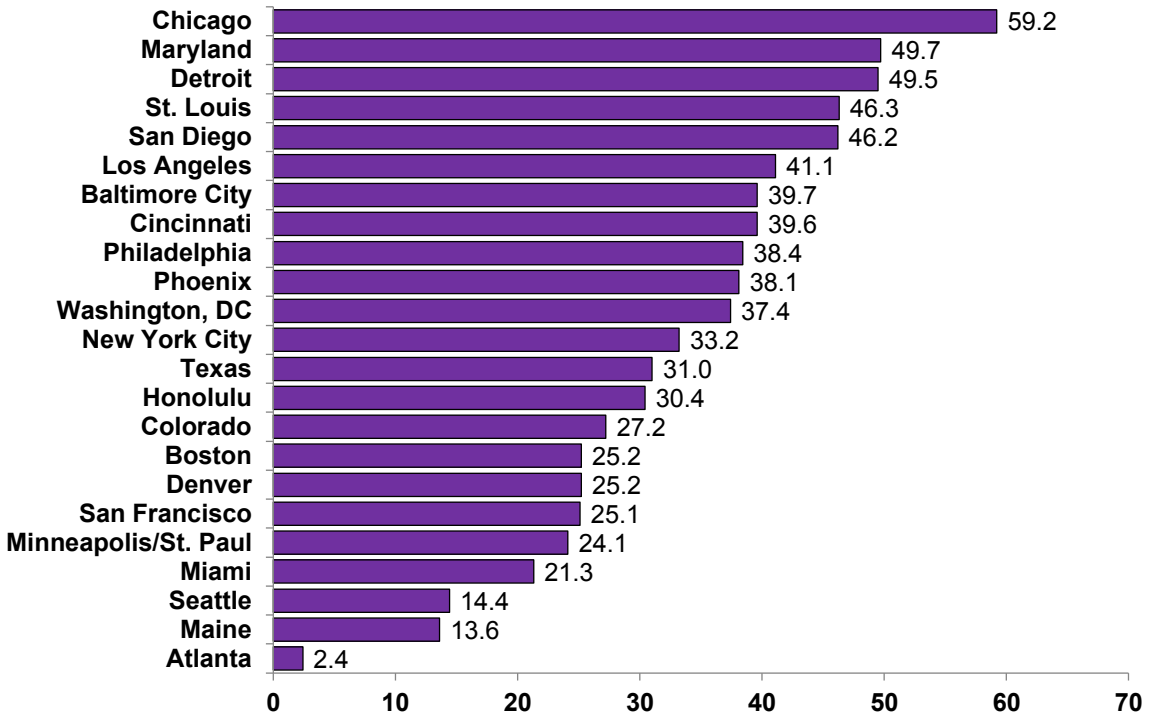
[1]Calendar year (January–December) data.
[2]Data were not included in this table for CEWG areas with less than 3 years of data in the period or where data were not comparable over time.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]NR=not reported.
[5]Percentage-point changes could not be calculated due to missing data.
[6]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2011 State and local CEWG reports; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 88; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 74; *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 72; and *June 2007 Highlights and Executive Summary Volume I* CEWG report, p. 51

## Forensic Laboratory Data on Marijuana/Cannabis

Chicago had the highest percentage of marijuana/cannabis identified by NFLIS laboratories in 2010 (59.2 percent), followed by Maryland, Detroit, St. Louis, and San Diego (49.7, 49.5, 46.3, and 46.2 percent, respectively) (figure 25; appendix table 2). The remaining 18 CEWG sites had percentages ranging from 2.4 percent in Atlanta[24] to 41.1 percent in Los Angeles for marijuana/cannabis drug items identified (figure 25).

Marijuana/cannabis ranked in either first or second place among drug items most frequently seized and identified in all but one CEWG area; the exception was Atlanta, where it ranked seventh. In 2010, marijuana/cannabis ranked in first place among identified drugs in 14 of 23 CEWG areas, including 3 of 5 areas in the southern region (Baltimore City, Maryland, and Washington, DC); 2 of 4 areas in the northeastern region (Boston and Philadelphia); and all 5 areas in the midwestern region (Chicago, Cincinnati, Detroit, Minneapolis/St. Paul, and St. Louis). It also ranked first in frequency of drug items seized and identified in the NFLIS system in four of eight areas in the West—Los Angeles, Phoenix, San Diego, and Texas. It was the second most frequently identified drug item in 2010 NFLIS data in another eight CEWG areas—Colorado, Denver, Honolulu, Maine, Miami, New York City, San Francisco, and Seattle (section II, table 1).

**Figure 25. Marijuana/Cannabis Items Seized and Identified in Forensic Laboratories, as a Percentage of Total NFLIS Drug Items, 23 CEWG Areas: CY 2010[1]**




[1]Data are for calendar year (CY) 2010: January–December 2010; see appendix tables 2.1–2.23. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved between May 2 and May 3, 2011

[24]In 2004, Georgia initiated a statewide administrative policy that laboratory testing is not required when cannabis is seized by law enforcement officers. This results in artificially low numbers of such drug items identified in this CEWG area relative to other CEWG areas.

# Club Drugs (MDMA, MDA, GHB, LSD, and Ketamine)

## Treatment Admissions Data on Club Drugs

The club drugs reported on in this section include MDMA (3,4-methylenedioxymethamphetamine) or ecstasy, MDA (3,4-methylenedioxyamphetamine), GHB (gamma hydroxybutyrate), LSD (lysergic acid diethylamide), and ketamine. Admissions for primary treatment of club drugs or MDMA are not captured in all treatment data systems, but they appear low in those areas that do report on these drugs.

## Forensic Laboratory Data on Club Drugs

**MDMA.** MDMA was the club drug most frequently reported among NFLIS data in the 23 CEWG areas depicted in table 24. MDMA ranged from less than 1.0 percent of analyzed seizures in five areas (Baltimore City, Boston, Cincinnati, Maryland, and Philadelphia) to a high of 4.3 percent in four areas, Denver, Los Angeles, Minneapolis/St. Paul, and San Francisco. As shown in section II, table 1, MDMA was the fourth most frequently identified drug item in NFLIS laboratories in Chicago, Minneapolis/St. Paul, Honolulu, and San Francisco in 2010. It ranked fifth in 3 of 23 reporting areas: Colorado, Denver, and Los Angeles (section II, table 1).

**MDA.** MDA was reported among the drug items seized and identified in 15 of 23 areas in 2010, although representing very low numbers and very small percentages in all areas: Atlanta, Baltimore City, Boston, Chicago, Colorado, Denver, Honolulu, Maryland, New York City, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, and Texas (table 25).

**GHB.** GHB drug items were reported in 16 CEWG areas of the 23 reporting NFLIS data in 2010, including Atlanta, Boston, Chicago, Colorado, Denver, Los Angeles, Maryland, Miami, New York City, Philadelphia, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, DC. Again, numbers were very low, ranging from 1 to 72 (table 25).

**LSD.** LSD was not among the top 10 drugs reported in the NFLIS system for any CEWG reporting area, but it was reported in all but 4 of the 23 CEWG areas. These four exceptions were Baltimore City, Honolulu, Seattle, and Washington, DC. Numbers ranged from 1 to 68. Three areas, Chicago, Los Angeles, and Texas, had 50 or more drug items identified as LSD, but in no area did the proportion reach 1.0 percent of drug items identified (table 25).

**Ketamine.** Ketamine was identified among drug items in the NFLIS system in 2010 in 20 of 23 areas, in all but Cincinnati, Minneapolis/St. Paul, and Washington, DC. Ketamine represented less than 1.0 percent of total drug items seized and identified in all reporting areas; 2 areas reported 50 or more drug items seized and identified: Los Angeles and New York City (table 25). Ketamine did not figure among the top 10 most frequently identified drug items in any CEWG area (section II, table 1).

**Table 24. Number of MDMA Items Identified and MDMA Items as a Percentage of Total Items Identified by Forensic Laboratories in 23 CEWG Areas: CY 2010[1]**

| CEWG Area | MDMA Items | Total Items Identified | Percentage of Total Items Identified |
|---|---|---|---|
| Atlanta | 181 | 8,942 | 2.0 |
| Baltimore City | 154 | 34,038 | 0.5 |
| Boston | 178 | 23,604 | 0.8 |
| Chicago | 1,250 | 80,530 | 1.6 |
| Cincinnati | 79 | 13,730 | 0.6 |
| Colorado | 407 | 11,125 | 3.7 |
| Denver | 298 | 6,981 | 4.3 |
| Detroit | 117 | 8,187 | 1.4 |
| Honolulu | 31 | 1,447 | 2.1 |
| Los Angeles | 1,931 | 44,443 | 4.3 |
| Maine | 32 | 942 | 3.4 |
| Maryland | 315 | 67,313 | 0.5 |
| Miami | 555 | 25,091 | 2.2 |
| Minneapolis/St. Paul | 252 | 5,816 | 4.3 |
| New York City | 1,134 | 51,730 | 2.2 |
| Philadelphia | 74 | 33,435 | 0.2 |
| Phoenix | 181 | 9,553 | 1.9 |
| St. Louis | 243 | 17,659 | 1.4 |
| San Diego | 538 | 21,395 | 2.5 |
| San Francisco | 526 | 12,113 | 4.3 |
| Seattle | 55 | 1,553 | 3.5 |
| Texas | 1,343 | 97,925 | 1.4 |
| Washington, DC | 41 | 3,876 | 1.1 |

[1]Data are for January–December 2010.
SOURCE: NFLIS, DEA, data for Atlanta, Detroit, New York City, Philadelphia, Phoenix, San Diego, Seattle, and Washington, DC, were retrieved on May 3, 2011; data for all other areas were retrieved on May 2, 2011; see appendix table 2.1–2.23; data are subject to change and may differ according to the date on which they were queried

**Table 25. Number of MDA, GHB, Ketamine, LSD, PCP, and Other Drug Items[1] Identified by Forensic Laboratories, in 23 CEWG Areas: CY 2010[2]**

| CEWG Area | MDA | GHB[3] | PCP | LSD | Psilocin[4] | Ketamine | BZP | Cariso-prodol | Totals |
|---|---|---|---|---|---|---|---|---|---|
| Atlanta | 1 | 3 | — | 8 | 33 | 6 | 63 | 87 | 8,942 |
| Baltimore City | 2 | — | 6 | — | 2 | 4 | 73 | — | 34,038 |
| Boston | 2 | 19 | 6 | 2 | 34 | 14 | 58 | 15 | 23,604 |
| Chicago | 3 | 18 | 303 | 51 | 137 | 11 | 542 | 1 | 80,530 |
| Cincinnati | — | — | 1 | 7 | 17 | — | 68 | 27 | 13,730 |
| Colorado | 14 | 2 | 1 | 18 | 138 | 22 | 65 | — | 11,125 |
| Denver | 14 | 2 | 1 | 9 | 58 | 11 | 43 | — | 6,981 |
| Detroit | — | — | — | 2 | 6 | 2 | 48 | 4 | 8,187 |
| Honolulu | 2 | — | — | — | — | 2 | 2 | 6 | 1,447 |
| Los Angeles | — | 42 | 447 | 54 | 178 | 56 | 19 | 142 | 44,443 |
| Maine | — | — | 3 | 6 | 9 | 7 | 11 | 1 | 942 |
| Maryland | 6 | 1 | 393 | 20 | 64 | 32 | 170 | 29 | 67,313 |
| Miami | — | 9 | 409[5] | 1 | 16 | 17 | 114 | 55 | 25,091 |
| Minneapolis/St. Paul | — | — | 9 | 4 | 74 | — | 61 | 1 | 5,816 |
| New York City | 19 | 12 | 758 | 31 | 68 | 319 | 361 | — | 51,730 |
| Philadelphia | 3 | 1 | 650 | 6 | 5 | 3 | 19 | — | 33,435 |
| Phoenix | 1 | — | 14 | 8 | 30 | 8 | 23 | 96 | 9,553 |
| St. Louis | 7 | 4 | 26 | 23 | 44 | 8 | 149 | 13 | 17,659 |
| San Diego | 1 | 47 | 66 | 19 | 81 | 18 | 10 | 6 | 21,395 |
| San Francisco | 5 | 18 | 9 | 14 | 55 | 27 | 4 | 25 | 12,113 |
| Seattle | — | 2 | 19 | — | 14 | 6 | 15 | 2 | 1,553 |
| Texas | 94 | 72 | 384 | 68 | 239 | 33 | 883 | 1,453 | 97,925 |
| Washington, DC | — | 3 | 248 | — | 2 | — | 71 | — | 3,876 |

[1]**Codeine** was found in 428 items in Texas; 286 in Philadelphia; 147 in New York City; 141 in Los Angeles; 65 in San Diego; 47 in San Francisco; 45 in Maryland; 38 in Minneapolis/St. Paul; 33 in Detroit; 28 in St. Louis; 27 in Boston; 26 in Atlanta and Cincinnati; 16 in Phoenix; 12 in Miami; 7 in Baltimore City and Colorado; 6 in Denver; 4 in Seattle; and 1 in Honolulu. **Oxymorphone** was found in 22 items in Cincinnati; 20 in Boston; 18 in Maryland; 13 in New York City and Texas; 5 in Phoenix; 3 in Colorado, Denver, and Los Angeles; 2 in Detroit, Philadelphia, St. Louis, and San Diego; and 1 item in Chicago, Miami, and Minneapolis/St. Paul. **TFMPP** was found in 99 drug items identified in Atlanta; 92 in Texas; 37 in Chicago; 3 in Los Angeles, Miami, Phoenix, and St. Louis; 2 in Washington, DC; and 1 in Boston, Honolulu, and San Diego. **Quetiapine** and/or **quetiapine fumarte** were found in 262 items in Texas; 146 in Boston; 60 in Los Angeles; 18 in Minneapolis/St. Paul; 17 in Maryland; 15 in Cincinnati; 12 in San Diego; 11 in Phoenix; 8 in St. Louis; 3 in Denver and Colorado; 2 in Chicago and Honolulu; and 1 in Maine. **Gabapentin** was found in 246 items in Boston; 41 in Texas; 19 in Los Angeles; 10 in Maryland; 7 in Minneapolis/St. Paul; 5 in Phoenix; 3 in Maine and St. Louis; and 1 in Denver, Colorado, Honolulu, and San Diego. **Cathinone** and/or **cathine** were found in 104 items in Minneapolis/St. Paul; 61 in New York City; 30 in Texas; 29 in San Diego; 15 in Denver and Colorado; 6 in Chicago; 5 in Cincinnati, Los Angeles, and Phoenix; 4 in Boston and Seattle; 2 in Detroit, Maryland, and Washington, DC; and 1 in Honolulu, Maine, St. Louis, and San Francisco. **Tramadol** was found in 227 items in Texas; 82 in Boston; 29 in Los Angeles; 25 in Cincinnati; 23 in Maryland; 9 in Minneapolis/St. Paul; 8 in St. Louis; 7 in Phoenix; 6 in Miami; 4 in San Diego; 3 in Denver and Colorado; 2 in Atlanta and Maine; and 1 in Baltimore City, Chicago, and New York City. **Mephedrone** was found in 17 items in Texas; 6 in Minneapolis/St. Paul; 2 in Colorado; and 1 in Maine and Maryland. **Foxy Methoxy** was found in 22 items in Chicago and 2 in Phoenix and Texas. **Salvinorin A** was found in five items in Maryland; three items in Chicago; and one item in Minneapolis/St. Paul and St. Louis. The drug **mCPP** was found in 36 items in Atlanta and 1 item in Boston and Texas. The **synthetic cannabinoid JWH-018** was found in 61 items in Texas; 17 in Maryland; 13 in St. Louis; 7 in Colorado; 6 in Chicago; 5 in Minneapolis/St. Paul; 4 in Denver; 3 in San Diego; 2 in Boston; and 1 item in Honolulu and Washington, DC. The **synthetic cannabinoid JWH-019** was found in one item in Texas. The **synthetic cannabinoid JWH-073** was found in two items in Chicago and one item in Denver, Colorado, and St. Louis. The **synthetic cannabinoid JWH-250** was found in three items in Texas. **2C-E,** a synthetic drug from the 2C family, was found in five items in Texas; four in Boston; and one in Chicago, Colorado, Maine, and Minneapolis/St. Paul. **2C-I** was found in eight items in Texas; four in Boston; and one in Chicago, Maryland,

Minneapolis/St. Paul, and St. Louis. **MDPV** was found in 114 items in Texas; 5 items in Minneapolis/St. Paul; and 4 in Washington, DC. **Methylone** was found in 11 items in Texas.
[2]Data are for January–December 2010.
[3]GHB and its two precursors, GBL and 1,4-BD, are grouped together in this table under "GHB."
[4]Psilocybine, psilocybin, psylocin, and psilocin are grouped together in this table under the category, "Psilocin."
[5]Miami does not report PCP as a separate category, reporting 409 "hallucinogens" identified in CY 2010.
SOURCE: NFLIS, DEA, data for Atlanta, Detroit, New York City, Philadelphia, Phoenix, San Diego, Seattle, and Washington, DC, were retrieved on May 3, 2011; data for all other areas were retrieved on May 2, 2011; data are subject to change and may differ according to the date on which they were queried

# PCP (Phencyclidine)

### Forensic Laboratory Data on PCP

As a percentage of all identified items, PCP items were highest in Washington, DC, at 6.4 percent, followed by Philadelphia, at 1.9 percent; Miami, at 1.6 percent; and Los Angeles, at 1.0 percent (appendix table 2).

PCP figured among the top 10 most frequently identified drug items in 7 CEWG areas from NFLIS data for 2010. In Washington, DC, PCP ranked fourth as the most frequently identified drug item in forensic laboratories in 2010. PCP was also among the top drug items identified in Philadelphia, where it ranked sixth. In 2010, PCP ranked 7th in Los Angeles, Maryland, and New York City; 8th in Chicago; and 10th in Seattle (section II, table 1). No PCP items were documented in forensic laboratory data on drug items identified in three CEWG areas: Atlanta, Detroit, and Honolulu. Miami NFLIS reported a general category of hallucinogens, which totaled 409 cases or 1.6 percent of drug items seized and identified in 2010 (table 25; appendix table 2); it ranked seventh in most frequently identified drug items in Miami in 2010. Fewer than 50 such items were identified in 11 areas (Baltimore City, Boston, Cincinnati, Colorado, Denver, Maine, Minneapolis/St. Paul, Phoenix, St. Louis, San Francisco, and Seattle). The areas reporting 50 or more PCP items were Chicago, Los Angeles, Maryland, New York City, Philadelphia, San Diego, Texas, and Washington, DC. As noted, Miami reports "hallucinogens" as a combined category (*n*=409).

# Other Drugs

**BZP (1-Benzylpiperazine).** In 2010, BZP was among the identified drugs in NFLIS forensic laboratories in all of the 23 CEWG areas (section II, table 1).

Four of 22 CEWG areas reported 1 percent or more drug items containing BZP among drug items identified. The highest proportions of this drug were reported in NFLIS data for Washington, DC, Maine, Minneapolis/St. Paul, and Seattle, at 1.8, 1.2, 1.1, and 1.0 percent, respectively (table 25; appendix table 2).

BZP did not rank among the top 10 drugs identified in NFLIS forensic laboratories in any CEWG reporting area in 2007; however, it was reported in the top 10 in 7 of 21 reporting areas in 2008 and in 11 of 21 reporting areas in 2009 (data not shown). In 2010, BZP ranked among the top 10 drugs

identified in 8 of 23 areas. It ranked fifth in two areas (Chicago and Washington, DC), eighth in one (Detroit), and ninth in five (Denver, Maine, Miami, Minneapolis/St. Paul, and Texas) (section II, table 1).

**TFMPP (1-(3-Trifluoromethylphenyl)piperazine).** In 11 of the 23 reporting areas in 2010, TFMPP was reported among drug items analyzed in NFLIS laboratories; these were Atlanta, Boston, Chicago, Honolulu, Los Angeles, Miami, Phoenix, St. Louis, Texas, and Washington, DC (table 25, footnote 1). In 2010 forensic laboratory data, TFMPP ranked 10th in frequency among drug items identified in Atlanta (section II, table 1). It should be noted that since TFMPP is not a controlled substance, it may not be reported to NFLIS by forensic laboratories in all areas.

**Psilocin/Psilocybin.** Psilocin/psilocybin, a hallucinogen, ranked among the top 10 drugs identified in the NFLIS system in 2010 in three CEWG areas, ranking eighth in Colorado and Denver and ninth in Los Angeles (section II, table 1). Psilocin/psilocybin was reported among drug items seized and identified in forensic laboratories in 22 of 23 CEWG areas in 2010; the exception was Honolulu (table 25).

**Khat (Cathinone/Cathine).** Cathinone was identified in NFLIS data in 18 of 23 CEWG areas in 2010. Minneapolis/St. Paul had the highest percentage of drug items containing cathinone, at 1.8 percent. Cathinone ranked seventh in Minneapolis/St. Paul in 2010 among the most frequently identified drugs in the NFLIS laboratory system (section II, table 1; table 25, footnote 1).

**Foxy Methoxy (5-Methoxy-N,N-Diisopropyltryptamine, or 5-MeO-DIPT).** The only three CEWG areas in which Foxy Methoxy drug items were identified in 2010 were Chicago, Phoenix, and Texas, with 22, 2, and 2 items, respectively (table 25, footnote 1).

**Carisoprodol.** Carisoprodol was identified among drug items seized and analyzed in 17 of 23 reporting areas in 2010; it was not identified in 6 areas (Baltimore City, Colorado, Denver, New York City, Philadelphia, and Washington, DC) (table 25). In 2010, drug items containing carisoprodol ranked among the top 10 NFLIS drug items identified in NFLIS laboratories in Texas (7th, with 1.5 percent of all items identified), Phoenix (9th, with 1.0 percent of all items), and Honolulu (10th, with 0.4 of all items) (section II, table 1; appendix table 2).

**Quetiapine.** Quetiapine and quetiapine fumarte are antipsychotic drugs marketed as Seroquel®[25]. CEWG areas where quetiapine and/or quetiapine fumarte were analyzed in 2010 were 262 items in Texas, 146 items in Boston, 60 items in Los Angeles, 18 in Minneapolis/St. Paul, 17 in Maryland, 15 in Cincinnati, 12 in San Diego, 11 in Phoenix, 8 in St. Louis, 3 in Denver and Colorado, 2 in Chicago and Honolulu, and 1 in Maine. In NFLIS data, quetiapine did not rank among the top 10 drug items identified in any of the 23 CEWG areas for 2010 (table 25, footnote 1).

**Gabapentin.** Gabapentin appeared for the first time among the top 10 identified NFLIS drugs in any CEWG area in 2010. Gabapentin ranked as the ninth most frequently identified drug item in Boston in 2010 NFLIS forensic laboratory data (table 25, footnote 1; appendix table 2).

[25]More information about quetiapine and Seroquel® can be found at: http://www.nlm.nih.gov/medlineplus/druginformation.html.

# Appendix Tables

**Appendix Table 1. Total Treatment Admissions by Primary Substance of Abuse, Including Primary Alcohol Admissions, and CEWG Area: CY 2010[1]**

| CEWG Areas | Number of Total Substance Abuse Treatment Admissions Including Primary Alcohol Admissions | | | | | | | | Total (*N*)[3] |
|---|---|---|---|---|---|---|---|---|---|
| | Alcohol | Cocaine/ Crack[2] | Heroin | Other Opiates | Meth-amphet-amine | Marijuana | Benzo-diaze-pines | Other Drugs/ Unknown | |
| **CY 2010** | | | | | | | | | |
| Atlanta | 4,353[4] | 1,151 | 339 | 595 | 468 | 1,677 | 205 | 170 | 8,958 |
| Baltimore City | 2,671 | 1,813 | 7,710 | 478 | 2 | 2,007 | 125 | 51 | 14,857 |
| Boston | 6,254 | 999 | 9,801 | 928 | 54 | 757 | 244 | 40 | 19,077 |
| Cincinnati[5] | 1,561 | 491 | 968[6] | --[6] | 8[7] | 1,384 | 32 | 680 | 5,124 |
| Colorado | 12,364 | 2,459 | 1,755 | 1,715 | 4,322 | 6,518 | 85 | 421 | 29,639 |
| Denver | 4,826 | 1,315 | 1,130 | 762 | 1,520 | 3,133 | 29 | 233 | 12,948 |
| Detroit | 2,811 | 1,482 | 2,841 | 203 | 4 | 1,322 | NR[8] | 22 | 8,685 |
| Hawaii | 2,773[4] | 173 | 138 | NR[8] | 3,170[7] | 2,423 | NR[8] | 545 | 9,222 |
| Los Angeles | 11,129 | 4,717 | 9,940 | 1,373 | 7,994 | 11,696 | 170 | 1,743 | 48,762 |
| Maine | 5,904[4] | 454 | 928 | 4,372 | 41 | 1,275 | 91 | 511 | 13,576 |
| Maryland | 16,826 | 5,475 | 12,973 | 5,349 | 29 | 9,966 | 502 | 907 | 52,027 |
| Minneapolis/St. Paul | 10,033 | 1,116 | 1,532 | 1,639 | 1,259 | 3,578 | 116 | 271 | 19,544 |
| New York City | 23,013 | 12,674 | 19,208 | 1,755 | 249 | 22,071 | 594 | 895 | 80,459 |
| Philadelphia | 3,477 | 2,868 | 2,179 | 1,120 | 35 | 3,486 | 738 | 1,323 | 15,226 |
| Phoenix[9] | 2,111 | 311 | 1,426[6] | 372 | 1,406 | 1,197 | NR[8] | 266 | 7,089 |
| St. Louis | 4,486 | 1,672 | 3,599 | 362 | 382 | 2,923 | 67 | 116 | 13,607 |
| San Diego | 2,896 | 660 | 2,969 | 576 | 4,058 | 2,570 | NR[8] | 163 | 13,892 |
| San Francisco | 7,731 | 3,889 | 3,376 | 716 | 4,391 | 2,388 | 7 | 953 | 23,451 |
| Seattle | 4,986 | 1,493 | 1,683 | 919 | 1,249 | 2,497 | 35 | 541 | 13,403 |
| South Florida/ Broward County | 1,142 | 481 | 156 | 1,118 | 34 | 1,689 | 101 | 348 | 5,069 |
| South Florida/ Miami-Dade County | 1,242 | 918 | 183 | 246 | 22 | 1,741 | 71 | 125 | 4,548 |
| Texas[5] | 19,770 | 9,202 | 6,359 | 4,578 | 6,015[6] | 17,472 | 853 | 2,686 | 66,935 |

[1]Data are for calendar year 2010: January–December 2010.
[2]Cocaine values were broken down into crack or powder/other cocaine for the following areas: Atlanta (crack=768; powder or other cocaine=383); Baltimore City (crack=1,585; powder or other cocaine=228); Boston (crack=525; powder or other cocaine=474); Maine (crack=138; powder or other cocaine=316); Maryland (crack=4,453; powder or other cocaine=1,022); Broward County (crack=424; powder or other cocaine=57); Miami-Dade County (crack=549; powder or other cocaine=369); Minneapolis/St. Paul (crack=879; powder or other cocaine=237); New York City (crack=7,601; powder or other cocaine=5,073); St. Louis (crack=1,441; powder or other cocaine=231); and Texas (crack=5,253; powder or other cocaine=3,949). No breakdowns by type of cocaine were available for the other areas.
[3]These *N*s are used in all percentage calculations involving total treatment admissions data for each area. Treatment data contain unknown primary admissions in Cincinnati (*n*=393), Maine (*n*=406), Minneapolis/St. Paul (*n*=63), and Seattle (*n*=56). Because these cases may be classified as to route of administration and demographic characteristics, they are included in the numbers for these areas and are included with "Other Drugs/Unknown" in this table. The category, "No primary drug of abuse" was treated as unknown in all but two cases, New York City and Phoenix, where they were excluded from the totals. These cases of no primary drug numbered as follows: Hawaii (*n*=179), Broward County (*n*=304), Miami-Dade County (*n*=84), New York City (*n*=594), and Phoenix (*n*=1,574). Total admissions data for all other areas exclude unknowns. Unknowns are also excluded from the "Other Drugs/Unknown" category for Boston and from the total for all drugs in that area, although in past reports, this "Other Drug/Unknown" category has included unknowns. This fact makes these numbers noncomparable with data reported in previous reports for Boston.
[4]Alcohol data for Atlanta are alcohol only=2,157 and alcohol in combination with other drugs=2,196. Alcohol only and alcohol in combination are grouped together in Maine treatment data. Hawaii reported data for alcohol in combination, but excluded alcohol only.
[5]The numbers for each drug category for 2010 are shown for Cincinnati and Texas; however, because these numbers are noncomparable with previous reporting years, these areas are not included in the tables showing percentage-point changes over time periods.
[6]Heroin and other opiates are grouped together in Cincinnati treatment data. Heroin and morphine are grouped together in Phoenix data.
[7]Methamphetamine, amphetamine, and MDMA are grouped together in Cincinnati treatment data. Methamphetamine and amphetamine are grouped together in Texas treatment data. Methamphetamine and stimulants are grouped together in Hawaii treatment data.

[8]NR=Not reported by the CEWG area representative.
[9]Treatment data for Phoenix do not include admissions younger than 18.
NOTES: Treatment data coverage for CEWG areas for CY 2010 includes the following areas and programs. Atlanta data cover the 28-county MSA and include public treatment admissions of all ages. Baltimore City data cover admissions to State-funded programs only, including methadone maintenance (MM) programs, in the city of Baltimore. Boston data cover admissions to any program receiving any level of public support in five cities (Boston, Brookline, Chelsea, Revere, and Winthrop) in the metropolitan Boston area. Cincinnati data cover admissions to publicly funded treatment programs in Hamilton County, including MM programs. Colorado data include admissions of all ages statewide to all Colorado alcohol and substance abuse treatment agencies licensed by the State, and cover MM programs. Denver data cover the Denver/Boulder area and include admissions for all ages to alcohol and substance abuse treatment agencies licensed by the State, including MM programs. Detroit data cover admissions to publicly supported programs (block grants and Medicaid funding) only in the city of Detroit. Hawaii data cover the State of Hawaii. Los Angeles data come from Los Angeles County treatment providers with public support and include MM programs. Maine data are for the State of Maine, publicly supported programs only, and include all ages and MM admissions. Maryland data cover admissions to publicly funded providers in the State of Maryland, and include MM programs. Broward and Miami-Dade County data include all admissions to publicly supported addiction programs, for all ages and MM admissions. Minneapolis/St. Paul data cover the five counties of Anoka, Dakota, Hennepin, Ramsey, and Washington in the Twin Cities metropolitan area and include all treatment admissions to licensed providers regardless of funding source. New York City data are for the five boroughs of New York and cover both publicly funded and nonfunded treatment admissions. Philadelphia data are for the city and county (which are the same) and include publicly supported treatment admissions only for people who are uninsured or underinsured (Medicaid enrollees were not included); some programs provide medication assisted treatment. Phoenix data are for Maricopa County and cover admissions 18 and older with public support. St. Louis data cover the eastern region of Missouri, including St. Louis City and County, and five other counties—Jefferson, Franklin, Lincoln, St. Charles, and Warren—and cover admissions to publicly supported programs. San Diego data are for San Diego County and cover all public providers and subcontractors, as well as private narcotics treatment providers, and include MM programs. San Francisco data include admissions for the five bay area counties (Alameda, Contra Costa, Marin, San Francisco, and San Mateo) for all ages to all publicly funded programs. Seattle data are for King County and include admissions of all ages to public pay, private pay MM programs, and Department of Corrections programs. Texas data are for all State-funded admissions in Texas.
SOURCE: June 2011 State and local CEWG reports

## Appendix Tables 2.1–2.23. NFLIS Top 10 Most Frequently Identified Drugs of Total Seized and Analyzed Drug Items in Forensic Laboratories for 23 CEWG Areas: January–December 2010

### Appendix Table 2.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Atlanta: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 3,752 | 42.0 |
| Methamphetamine | 2,180 | 24.4 |
| Oxycodone | 577 | 6.5 |
| Hydrocodone | 443 | 5.0 |
| Alprazolam | 436 | 4.9 |
| Heroin | 232 | 2.6 |
| Cannabis/Marijuana | 217 | 2.4 |
| 3,4-Methylenedioxy-methamphetamine | 181 | 2.0 |
| Amphetamine | 100 | 1.1 |
| 1-(3-Trifluoromethyl-phenyl)piperazine | 99 | 1.1 |
| Other[2] | 725 | 8.1 |
| **Total** | **8,942** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the 28-county Atlanta/Sandy Springs/Marietta GA MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.
2. State and local forensic laboratories in the Atlanta MSA did not report data to NFLIS for October–December 2010.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Baltimore: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 13,496 | 39.7 |
| Cocaine | 10,543 | 31.0 |
| Heroin | 7,676 | 22.6 |
| Buprenorphine | 604 | 1.8 |
| Oxycodone | 403 | 1.2 |
| Alprazolam | 248 | 0.7 |
| 3,4-Methylenedioxy-methamphetamine | 154 | 0.5 |
| Clonazepam | 136 | 0.4 |
| Caffeine | 126 | 0.4 |
| Methadone | 91 | 0.3 |
| Other[2] | 561 | 1.6 |
| **Total** | **34,038** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for Baltimore City only.
2. Reports of drug analyses from the laboratories in the Maryland State Police Forensic Sciences System had not yet been submitted to NFLIS at time of query; drug item counts exclude the Maryland State Laboratory System data.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Boston: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 5,960 | 25.2 |
| Cocaine | 5,945 | 25.2 |
| Heroin | 3,269 | 13.8 |
| Oxycodone | 2,073 | 8.8 |
| Buprenorphine | 785 | 3.3 |
| Clonazepam | 644 | 2.7 |
| Alprazolam | 465 | 2.0 |
| Amphetamine | 306 | 1.3 |
| Gabapentin | 246 | 1.0 |
| Hydrocodone | 221 | 0.9 |
| Other[2] | 3,690 | 15.6 |
| **Total** | **23,604** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data include all counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk Counties.
2. "Negative Results-Tested for Specific Drugs" represents 393 cases and are included under "Other."
3. "Noncontrolled Nonnarcotic Drug" represents 342 cases and are included under "Other."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Chicago: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 47,710 | 59.2 |
| Cocaine | 16,122 | 20.0 |
| Heroin | 11,637 | 14.5 |
| 3,4-Methylenedioxy-methamphetamine | 1,250 | 1.6 |
| 1-Benzylpiperazine | 542 | 0.7 |
| Hydrocodone | 516 | 0.6 |
| Alprazolam | 372 | 0.5 |
| Phencyclidine | 303 | 0.4 |
| Methamphetamine | 290 | 0.4 |
| Buprenorphine | 147 | 0.2 |
| Other[2] | 1,641 | 2.0 |
| **Total** | **80,530** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Cincinnati: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 5,442 | 39.6 |
| Cocaine | 3,632 | 26.5 |
| Heroin | 1,915 | 13.9 |
| Oxycodone | 1,013 | 7.4 |
| Hydrocodone | 347 | 2.5 |
| Alprazolam | 236 | 1.7 |
| Buprenorphine | 105 | 0.8 |
| Clonazepam | 98 | 0.7 |
| Methamphetamine | 95 | 0.7 |
| 3,4-Methylenedioxy-methamphetamine | 79 | 0.6 |
| Other[2] | 768 | 5.6 |
| **Total** | **13,730** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for Hamilton County.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Colorado: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 3,154 | 28.4 |
| Cannabis/Marijuana | 3,022 | 27.2 |
| Methamphetamine | 2,113 | 19.0 |
| Heroin | 603 | 5.4 |
| 3,4-Methylenedioxy-methamphetamine | 407 | 3.7 |
| Oxycodone | 322 | 2.9 |
| Hydrocodone | 186 | 1.7 |
| Psilocybin/Psilocyn/Psilocin | 138 | 1.2 |
| Alprazolam | 99 | 0.7 |
| Acetaminophen | 71 | 0.6 |
| Other[2] | 1,010 | 9.1 |
| **Total** | **11,125** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the State of Colorado.
2. "Noncontrolled Nonnarcotic Drug" represents 361 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Denver: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 2,347 | 33.6 |
| Cannabis/Marijuana | 1,758 | 25.2 |
| Methamphetamine | 978 | 14.0 |
| Heroin | 528 | 7.6 |
| 3,4-Methylenedioxy-methamphetamine | 298 | 4.3 |
| Oxycodone | 161 | 2.3 |
| Hydrocodone | 87 | 1.2 |
| Psilocin/Psilocybin/Psilocyn | 58 | 0.8 |
| 1-Benzylpiperazine | 43 | 0.6 |
| Alprazolam | 38 | 0.5 |
| Other[2] | 685 | 9.8 |
| **Total** | **6,981** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for Denver, Arapahoe, and Jefferson Counties.
2. "Noncontrolled Nonnarcotic Drug" represents 361 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Detroit: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 4,055 | 49.5 |
| Cocaine | 1,847 | 22.6 |
| Heroin | 1,044 | 12.8 |
| Hydrocodone | 325 | 4.0 |
| Alprazolam | 201 | 2.5 |
| 3,4-Methylenedioxy-methamphetamine | 117 | 1.4 |
| Oxycodone | 99 | 1.2 |
| 1-Benzylpiperazine | 48 | 0.6 |
| Codeine | 33 | 0.4 |
| Buprenorphine | 30 | 0.4 |
| Other[2] | 388 | 4.7 |
| **Total** | **8,187** | **100.0** |

[1]January 2010–December 2010 (see Note below).
[2]All other analyzed items.
NOTES:
1. Data are for Wayne County.
2. "No Controlled Drug Identified" represents 230 cases and are included under "Other."
3. The laboratories reported limited data to NFLIS for November and December.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Honolulu: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Methamphetamine | 696 | 48.1 |
| Cannabis/Marijuana | 440 | 30.4 |
| Cocaine | 173 | 12.0 |
| 3,4-Methylenedioxy-methamphetamine | 31 | 2.1 |
| Heroin | 21 | 1.5 |
| Oxycodone | 11 | 0.8 |
| Hydrocodone | 8 | 0.6 |
| Acetaminophen | 8 | 0.6 |
| Alprazolam | 7 | 0.5 |
| Morphine | 6 | 0.4 |
| Carisoprodol[2] | 6 | 0.4 |
| Other[3] | 40 | 2.8 |
| **Total** | **1,447** | **100.0** |

[1]January 2010–December 2010.
[2]Morphine and carisoprodol are tied for 10th place.
[3]All other analyzed items.
NOTES:
1. Data are for Honolulu County.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Los Angeles: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 18,252 | 41.1 |
| Cocaine | 9,411 | 21.2 |
| Methamphetamine | 8,590 | 19.3 |
| Heroin | 2,380 | 5.4 |
| 3,4-Methylenedioxy-methamphetamine | 1,931 | 4.3 |
| Hydrocodone | 588 | 1.3 |
| Phencyclidine | 447 | 1.0 |
| Alprazolam | 232 | 0.5 |
| Psilocin/Psilocybin/ Psilocyn/Psilocybine | 178 | 0.4 |
| Oxycodone | 161 | 0.4 |
| Other[2] | 2,273 | 5.1 |
| **Total** | **44,443** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for Los Angeles County.
2. "Negative Results-Tested for Specific Drugs" represents 480 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Maine: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 353 | 37.5 |
| Cannabis/Marijuana | 128 | 13.6 |
| Oxycodone | 90 | 9.6 |
| Heroin | 81 | 8.6 |
| Buprenorphine | 32 | 3.4 |
| 3,4-Methylenedioxy-methamphetamine | 32 | 3.4 |
| Methamphetamine | 31 | 3.3 |
| Hydrocodone | 18 | 1.9 |
| 1-Benzylpiperazine | 11 | 1.2 |
| Methadone | 11 | 1.2 |
| Other[2] | 155 | 16.5 |
| **Total** | **942** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the State of Maine.
2. "Unknown" represents 23 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Maryland: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 33,467 | 49.7 |
| Cocaine | 15,836 | 23.5 |
| Heroin | 9,325 | 13.9 |
| Oxycodone | 2,287 | 3.4 |
| Buprenorphine | 1,082 | 1.6 |
| Alprazolam | 841 | 1.2 |
| Phencyclidine | 393 | 0.6 |
| Clonazepam | 351 | 0.5 |
| 3,4-Methylenedioxy-methamphetamine | 315 | 0.5 |
| Methadone | 287 | 0.4 |
| Other[2] | 3,129 | 4.6 |
| **Total** | **67,313** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the State of Maryland.
2. "Noncontrolled Nonnarcotic Drug" represents 531 cases and are included under "Other."
3. The Maryland State Laboratory System had not yet reported data to NFLIS.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Miami: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 13,601 | 54.2 |
| Cannabis/Marijuana | 5,342 | 21.3 |
| Oxycodone | 1,256 | 5.0 |
| Alprazolam | 916 | 3.7 |
| Heroin | 634 | 2.5 |
| 3,4-Methylenedioxy-methamphetamine | 555 | 2.2 |
| Hallucinogen | 409 | 1.6 |
| Hydrocodone | 145 | 0.6 |
| 1-Benzylpiperazine | 114 | 0.5 |
| Methamphetamine | 102 | 0.4 |
| Other[2] | 2,017 | 8.0 |
| **Total** | **25,091** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.
2. "Controlled Substance (Unspecified) represents 910 cases under "Other."
3. "Negative Results-Tested for Specific Drugs" represents 306 cases included under "Other."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items Minneapolis/St. Paul: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 1,404 | 24.1 |
| Methamphetamine | 1,380 | 23.7 |
| Cocaine | 1,298 | 22.3 |
| 3,4-Methylenedioxy-methamphetamine | 252 | 4.3 |
| Heroin | 227 | 3.9 |
| Oxycodone | 133 | 2.3 |
| Cathinone/Cathine | 104 | 1.8 |
| Acetaminophen | 68 | 1.2 |
| 1-Benzylpiperazine | 61 | 1.1 |
| Hydrocodone | 61 | 1.1 |
| Other[2] | 828 | 14.2 |
| **Total** | **5,816** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, New York City: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 18,776 | 36.3 |
| Cannabis/Marijuana | 17,177 | 33.2 |
| Heroin | 6,521 | 12.6 |
| Alprazolam | 1,721 | 3.3 |
| Oxycodone | 1,400 | 2.7 |
| 3,4-Methylenedioxy-methamphetamine | 1,134 | 2.2 |
| Phencyclidine | 758 | 1.5 |
| Methadone | 662 | 1.3 |
| Buprenorphine | 567 | 1.1 |
| Clonazepam | 470 | 0.9 |
| Other[2] | 2,544 | 4.9 |
| **Total** | **51,730** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Philadelphia: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 12,845 | 38.4 |
| Cocaine | 10,883 | 32.5 |
| Heroin | 3,886 | 11.6 |
| Oxycodone | 1,509 | 4.5 |
| Alprazolam | 1,270 | 3.8 |
| Phencyclidine | 650 | 1.9 |
| Codeine | 286 | 0.9 |
| Clonazepam | 235 | 0.7 |
| Hydrocodone | 191 | 0.6 |
| Buprenorphine | 164 | 0.5 |
| Other[2] | 1,516 | 4.5 |
| **Total** | **33,435** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for Philadelphia County.
2. "Noncontrolled Nonnarcotic Drug" represents 876 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Phoenix: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 3,641 | 38.1 |
| Methamphetamine | 1,814 | 19.0 |
| Cocaine | 1,094 | 11.5 |
| Heroin | 707 | 7.4 |
| Oxycodone | 422 | 4.4 |
| Alprazolam | 227 | 2.4 |
| Hydrocodone | 214 | 2.2 |
| 3,4-Methylenedioxy-methamphetamine | 181 | 1.9 |
| Carisoprodol | 96 | 1.0 |
| Clonazepam | 77 | 0.8 |
| Other[2] | 1,080 | 11.3 |
| **Total** | **9,553** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the Maricopa County.
2. "Unreported Prescription Drug" represents 224 cases and are included under "Other."
3. Negative Results-Tested for Specific Drugs" represents 95 cases and are included under "Other."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, St. Louis: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 8,180 | 46.3 |
| Heroin | 2,454 | 13.9 |
| Cocaine | 2,268 | 12.8 |
| Methamphetamine | 707 | 4.0 |
| Hydrocodone | 433 | 2.5 |
| Alprazolam | 420 | 2.4 |
| Oxycodone | 333 | 1.9 |
| 3,4-Methylenedioxy-methamphetamine | 243 | 1.4 |
| Pseudoephedrine/ Ephedrine | 229 | 1.3 |
| Buprenorphine | 162 | 0.9 |
| Other[2] | 2,230 | 12.6 |
| **Total** | **17,659** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the St. Louis MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in MO; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in IL.
2. "Negative Results-Tested for Specific Drugs" represents 911 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Diego: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 9,876 | 46.2 |
| Methamphetamine | 4,585 | 21.4 |
| Cocaine | 1,809 | 8.5 |
| Heroin | 1,180 | 5.5 |
| Hydrocodone | 579 | 2.7 |
| 3,4-Methylenedioxy-methamphetamine | 538 | 2.5 |
| Oxycodone | 366 | 1.7 |
| Alprazolam | 287 | 1.3 |
| Morphine | 126 | 0.6 |
| Buprenorphine | 124 | 0.6 |
| Other[2] | 1,925 | 9.0 |
| **Total** | **21,395** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the San Diego County.
2. "Plant Material, Other" represents 450 cases and are included under "Other."
3. "Unknown" represents 282 cases and are included under "Other."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Francisco: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Methamphetamine | 3,465 | 28.6 |
| Cannabis/Marijuana | 3,041 | 25.1 |
| Cocaine | 2,259 | 18.6 |
| 3,4-Methylenedioxy-methamphetamine | 526 | 4.3 |
| Heroin | 495 | 4.1 |
| Hydrocodone | 428 | 3.5 |
| Oxycodone | 240 | 2.0 |
| Methadone | 118 | 1.0 |
| Morphine | 88 | 0.7 |
| Diazepam | 80 | 0.7 |
| Other[2] | 1,373 | 11.3 |
| **Total** | **12,113** | **100.0** |

[1]January 2010–December 2010, with the exception of the San Francisco Police Department.
[2]All other analyzed items.
NOTES:
1. Data are for the five counties in the San Francisco/Oakland/ Fremont MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties.
2. "Unknown" represents 704 cases and are included under "Other."
3. "Controlled Substance (unspecified)" represents 95 cases and are included under "Other."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Seattle: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cocaine | 415 | 26.7 |
| Methamphetamine | 223 | 14.4 |
| Cannabis/Marijuana | 223 | 14.4 |
| Heroin | 222 | 14.3 |
| Oxycodone | 137 | 8.8 |
| 3,4-Methylenedioxy-methamphetamine | 55 | 3.5 |
| Buprenorphine | 33 | 2.1 |
| Hydrocodone | 30 | 1.9 |
| Alprazolam | 24 | 1.5 |
| Phencyclidine | 19 | 1.2 |
| Other[2] | 172 | 11.1 |
| **Total** | **1,553** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for King County.
2. "Unknown" represents 28 cases and are included under "Other."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 3, 2011

### Appendix Table 2.22. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Texas: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 30,371 | 31.0 |
| Cocaine | 24,706 | 25.2 |
| Methamphetamine | 13,473 | 13.8 |
| Alprazolam | 5,399 | 5.5 |
| Hydrocodone | 5,034 | 5.1 |
| Heroin | 2,863 | 2.9 |
| Carisoprodol | 1,453 | 1.5 |
| 3,4-Methylenedioxy-methamphetamine | 1,343 | 1.4 |
| 1-Benzylpiperazine | 883 | 0.9 |
| Clonazepam | 842 | 0.9 |
| Other[2] | 11,558 | 11.8 |
| **Total** | **97,925** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the State of Texas.
2. The Fort Worth Police Department Laboratory did not report drug exhibits during this time period. The Houston Police Department was not yet reporting drug exhibits to NFLIS.
3. "Negative Results-Tested for Specific Drugs" represents 1,317 cases and are included under "Other."
4. "Noncontrolled Nonnarcotic Drug" represents 861 cases and are included under "Other."
5. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 2, 2011

### Appendix Table 2.23. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Washington, DC: CY 2010[1]

| Drug | Number | Percentage |
|---|---|---|
| Cannabis/Marijuana | 1,450 | 37.4 |
| Cocaine | 1,422 | 36.7 |
| Heroin | 360 | 9.3 |
| Phencyclidine | 248 | 6.4 |
| 1-Benzylpiperazine | 71 | 1.8 |
| Oxycodone | 49 | 1.3 |
| 3,4-Methylenedioxy-methamphetamine | 41 | 1.1 |
| Caffeine | 35 | 0.9 |
| Buprenorphine | 29 | 0.7 |
| Methamphetamine | 26 | 0.7 |
| Other[2] | 145 | 3.7 |
| **Total** | **3,876** | **100.0** |

[1]January 2010–December 2010.
[2]All other analyzed items.
NOTES:
1. Data are for the District of Columbia.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLS, DEA, May 3, 2011

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